

Consent Form For Lash Lifting And Brow Lamination

Artist Full Name: _____
Company Name: _____
Company Address _____
City _____ Zip Code _____
Phone Number _____

Client full name: _____
Address _____
City _____ Zip Code _____
Phone number: _____

Statement

Every client will be informed about Lash Lifting treatment in all details by the artist.

Client Health and Application Requirements

- | | | |
|---|-----|----|
| -Do you have any eye disorder?----- | Yes | No |
| -Do you have Glaucoma?----- | Yes | No |
| -Do you have Hepatitis or any disease similar to it?----- | Yes | No |
| -Are you HIV+ ?----- | Yes | No |
| -Do you have any eyelid disease?(Chalazia, Stye, Blepharitis, Ektropion, Ptosis)----- | Yes | No |
| -Do you have very sensitive skin?----- | Yes | No |
| -Do you have any allergies to makeup or eye-related cosmetic products?----- | Yes | No |
| -Do you carry any contagious disease?----- | Yes | No |
| -Do you have an extreme tic problem with your eyes?----- | Yes | No |
| -Do you have Epilepsy or panic attacks?----- | Yes | No |
| -Are you Pregnant?----- | Yes | No |
| -Are you breastfeeding?----- | Yes | No |
| -Do you wear contact lenses?----- | Yes | No |
| -Do you use any daily eye medicine? ----- | Yes | No |
| -Do you have heart disease?----- | Yes | No |
| -Have you gone through eye surgery in the last 2 month?----- | Yes | No |
| -Have you had Botox injected around your eyes in the past 4 weeks?----- | Yes | No |
| -Have you had any other procedure done to your eyelashes before?----- | Yes | No |
| -Do you have Eye Prosthesis?----- | Yes | No |

If you answered "yes", to any of the questions you can use the space below to explain.
Please associate your explanations with the specified question

The "No" answer confirms that you read and understood all questions and that your skin does not have a negative reaction to any cosmetic products.

If you have any other eye disorder, which is not stated above, please write it below.

I agree to have photos taken of my eyes and eyebrows and using the photos for advertise purposes Yes No

I agree to have photos taken of my face and using the photos for advertise purposes
Yes No

During the treatment, the artist may damage the structure of eyelashes even with a small probability, despite all the precautions. It may cause short-term redness of the eyes, sensitivity to the eyelid and slight swelling.

Do not be afraid, it will pass in a short time, from 30 minutes to one hour. There may be a slight itching or adhesion due to the solution, it will also pass in a very short time. I can say that these are temporary according to my experiences.

After the Lash Lifting treatment, do not use water and other cosmetic products for 24 hours.

Lash Lifting treatment results may vary according to the nature and quality of the eyelashes.

I confirm that I read and understood the contents of every paragraph above. I have received a guarantee that I have not received any unrealistic information due to the benefits or results arising from this procedure or these agreements. Yes -----No

The treatment procedure and post-care treatment was explained to me in detail and I understood it and agreed with it. Yes-----No

The payment for the treatment is NOT REFUNDABLE

I acknowledge by signing this consent form, I have been given the full opportunity to ask any and all questions about the procedures of the treatment and I received a clear understandable response to all my questions by the artist.

Client Signature: _____ Date: _____