

Client Information

C.I. No: _____

Contact Information

Date: _____

Name: _____
First *Last*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Cellular Phone: () _____

Alt Phone: () _____ Work Phone: () _____

E-mail Address: _____

Tell Us More About Yourself

Birthdate: _____
Month *Date*

Have you ever worn lash extensions before? Yes No Only Strip Lashes

Are you allergic to Medical Tape? Yes No Uncertain

Do you suffer from allergies? Yes No

Do you have abnormally sensitive eyes? Yes No

Had any eye surgery in the past month? Yes No

How Did You Hear About Us?

Please check one of the following: Internet Television Magazine Walk by
 Hair Salon Friend Nail Salon Other

Referred. By whom?
Name: _____

Privacy Policy

We value your privacy. We do not disclose any information you provide, and never share it with other entities outside of our Studio. Your information is used ONLY for internal statistic, marketing and informational purposes. We do not send bulk or spam email messages. We only communicate with our current clients that have an interest in becoming clients. We will, on occasion, send all of our clients group e-mail when special offers, price changes, or important issues arise.

EYELASH EXTENTION CONSENT FOR PROCEDURE

1. I agree to only use recommended products on my Eyelash Extensions.
2. I understand that there are many variables, including technician expertise, hair growth cycle, use of cosmetics and skin care products, and the overall care given, that will influence how long my Eyelash Extensions remain in place.
3. I acknowledge that I should not rub my eyes or pull on my lashes after Eyelash Extensions have been applied.
4. I understand that if a certified eyelash extensionist does not apply eyelash extensions properly, there is risk of eye damage and harm to my vision.
5. I have been advised that using mascara on a regular basis can shorten the length of time my extensions remain in place. I have also been advised not to use waterproof mascara on my eyelash extensions.
6. I understand that touch-up appointments will be necessary a few weeks after the application, and that there may be additional fees for this procedure.
7. I have read and discussed the above information with my Certified Eyelash Extensionist.

I _____ authorize _____ to apply the Eyelash Extensions™ product to my own eyelashes.

Client Signature: _____

Date: _____

Technician Signature: _____

Date: _____

General Health and Safety Recommendations

eyelash extensions™ are not for everyone; prior to application you should notify and discuss with your certified Eyelash Extensionist™ if you have recently or frequently experienced any of the following:

- Unusual sensitivity or skin reaction to Cyanoacrylate-based adhesives.
- Moderate to severe allergies in combination with abnormal eye discharge.
- Any eye disease or medical condition, such as Conjunctivitis (“pink eye”).
- A compromised immune system due to cancer treatment, hepatitis, or advanced AIDS.
- Any type of cancer
- Alopecia
- Skin disease
- Any metabolic or endocrine disorder
- Blunt trauma in or around the eye area.
- Intoxication or impaired motor skills due to medications, alcohol, or any other drug.

Never allow uncured cyanoacrylate-based adhesives or removers to contact the eyelid or eyeball. Any uncured cyanoacrylate-based adhesive or remover in contact with the eyelid or the eyeball may cause temporary or permanent eye damage, including temporary or permanent loss of or blurred vision. For any reason, if uncured cyanoacrylate adhesive or remover contacts the eye area, immediately flush with large amounts of water and seek immediate medical attention. Additional information may be found in the **Material Safety Data Sheet (MSDS)**.

Tips for Maintenance and Care

To maximize the length of time eyelash extensions™ remain in place, recommends the following:

- Only a Certified Eyelash Extensionist should apply eyelash extensions™.
- Use only recommended cosmetic products and cleansers (see aftercare instruction) once the extensions are applied.
- Do not rub your eyes or pull on the lashes after eyelash extensions have been applied.
- Avoid using mascara on a regular basis, as it can shorten the length of time the extensions remain in place.
- Do not use waterproof mascara on your eyelash extensions™.
- After the application, touch-up appointments will be necessary after a few weeks.

Consent for procedure

1. I understand that eyelash extensions™ are semi-permanent. I understand that the lasting beauty and effect are highly variable and are dependent upon, among other things the skill and expertise of the Certified Eyelash Extensionist™, my normal hair growth cycle, my use of cosmetics and skin care products, and my adherence to the instructions for maintenance and care.
2. I have fully read and understood all of the information on this form. I have been given an opportunity to ask questions about the products, the application procedure, and any risks and hazards involved. I understand that any uncured cyanoacrylate-based adhesives or removers in contact with my eyelid or eyeball can cause temporary or permanent eye damage, including loss or blurred vision. My Certified Eyelash Extensionist™ has fully explained the procedure and answered any questions to my satisfaction. I have sufficient information to give informed consent.
3. I do not have any condition as noted above, or any other condition, which I am aware, that would affect the general use or application of eyelash extensions.
4. I understand that touch-up appointments may be necessary for an additional fee.

I _____ [printed name] hereby consent to the procedure and authorize _____, a Certified Eyelash Extensionist™, to apply the products to my own eyelashes.

Signature: _____

Date: _____

Certified Eyelash Extensionist™: _____

Date: _____

Company Policy

Our time is very valuable to ensure that we can provide all of our clients the best look possible, for this reason, we please ask that you be on time to all of your appointments. Please try to arrive **at least 5 to 10 minutes prior** to your scheduled time to ensure you receive your full appointment time.

In the event that you should be tardy we please ask that you be considerate and call to inform us of your situation so we may take necessary action or make special arrangements. Please be aware that if you are 15 minutes or more overdue to your appointment you will need to reschedule your appointment, **NO EXCEPTIONS.**

In the event that you need to cancel or reschedule your appointment we ask that you please notify us within 24 BUSINESS HOURS before your appointment.

- **WE RESERVE THE RIGHT:** to charge 50% of the scheduled service price when cancelling or rescheduling “the day of” your appointment.
- **WE RESERVE THE RIGHT:** to charge 100% of the schedule services on NO-SHOWS.

*****ALL CLIENTS MUST HAVE A CREDIT CARD ON FILE PRIOR TO BOOKING AN APPOINTMENT FOR ANY SERVICE TO GUARANTEE YOUR APPOINTMENT*****

The satisfaction of our clients is our main priority. We offer prompt solutions to any problems or concerns that may occur.

Unfortunately, we do not offer refunds, credits or exchanges for products sold or services rendered.

If for any reason you feel dissatisfied with any of our services, please bring this to management’s attention. We appreciated all feedback, negative or positive, from our clients to better serve you. As part of our service we like to provide follow-up, by phone, for any questions or concerns.

Thank you for your business, in advance for choosing to have your services.

Client Signature

Date

Extensionist Signature

Date