

LASH LIFT, TINT AND BROW LAMINATION INFORMED CONSENT FORM

NAME:	AGE:	GENDER:
ADDRESS:	ZIP:	STATE:
EMAIL:	PHONE:	

I am informing my technician of any of the following contraindicated conditions for the lash lift.

- Allergies to adhesive tape, fumes or eye remover
- Currently having Chemotherapy
- Sjorgen's Syndrome
- Ocular Rosacea
- Dry Eye Syndrome

I am informing my technician of any of the following contraindicated conditions for the brow lamination.

- Psoriasis
- Currently having Chemotherapy.
- Eczema
- Alopecia
- Sun Burn
- Ultra Sensitive Skin
- Wounds in the treatment area

Please Initial:

_____ I agree to have an eyelash lift, brow lamination and/or eyelash tint applied to my natural eyelashes and/or retouched. By signing this agreement, I consent to the procedure of an eyelash perm, brow lamination or eyelash tint by my technician.

_____ I understand there are risks associated with having an eyelash perm, brow lamination and/or eyelash tint.

_____ I further understand that as part of the procedure, eye irritation, eye pain, eye itching, discomfort, and in rare cases eye infection or blurriness could occur.

_____ I understand that some mild but normal symptoms may occur with the brow lamination depending on the sensitivity of my skin during the procedure and will subside in 24 hours. These symptoms may include: mild tingling, slight redness due to brushing the hairs, slight warmth in the area.

_____ I agree that if I experience any of these medical conditions with my lashes, that I will contact my technician and consult a physician at my own expense.

_____ I understand that even though my technician perms the lashes/brows using the proper technique, the instruments, tapes, cleaners, eye gel pads, adhesives, and removers used may irritate my eyes/brows or require a physician's follow-up care.

_____ I understand and agree to the care instructions provided by my technician for the use and care of my permed and/or tinted eyelashes/eyebrows. I realize and accept the consequences of failure to adhere to these instructions may cause the eyelashes to not stay permed as long as told.

I consent to having my eyes closed and covered for the duration of the 45-90 minute procedure.

Yes

No

I wear contacts.

Yes

No

I agree to the following Post - Lash Lift Instructions:

- No water can come in contact with the eye area for 24 hours after the application.
- Avoid makeup such as mascara, eyeliner or brow pencil for the first 24 hours.
- Avoid using oil containing sunscreens, moisturizers and cleansers on lashes for the first 24 hours.

Aftercare - For the first 24-hours following your Brow Lamination treatment:

- Keep brows dry for 24 hours
- Do not rub your eyebrows
- Use Brow Code Gold Brow Growth Oil daily
- Do not apply any make-up, cream or oils around the eyebrow area for 24 hours after treatment
- Do not allow prolonged exposure to direct sunlight or heat
- Do not apply Retin-A, AHA or exfoliate around the brow area for 72 hours either side of the treatment
- No self-tanning products should be used on the face for one week prior and 48 hours after treatment
- Avoid swimming, saunas, steamy shower or excessive workouts for 24-48 hours

Acknowledgement and Waiver Statement:

I am over 18 years of age and consent to the agreement and to treatment or have a parent with me that consents to this service. This agreement will remain in effect for this procedure and all future procedures conducted by my technician. I read English and understand that this consent agreement is legal and binding. I have read and fully understand all information in this agreement. I release my technician from all liability associated with this procedure, which is performed with the utmost attention to safety and proper application using tools and products that the technician has been professionally trained to use. There are no guarantees for the length of time the lashes will stay permed. I understand the aftercare instructions and will do my part to maintain my eyelashes. I understand that there are many factors that may affect the life of the eyelash lift such as water and moisture contact, weather conditions, and activities involving exposure to high temperatures.

By signing below, I verify that I have read and understand the above statements and agree to them.

Client Name (Printed)

Client Signature

Date