

Eyelash Extension Agreement and Consent Form

Name:	Date:					
Contact Number:						
Address:						
City:	State:	Zip:				
Email:						
Referred By:						
understand that it is my respon technician addresses me to ope	re requires single synthetic eyelashes to be glunsibility to keep my eyes closed and be still dunen my eyes. I understand that some risks of thicand irritation. The fumes from the adhesive ma	ring the entire procedure, until my eyelasl is procedure may be but are not limited to				
Place indicate if you have recen	tly or frequently experienced any of the followin	ng:				
Unusual sensitivity or skir	reaction to cyanoacrylate-based adhesives					
Moderate to severe allerg	ies in combination with abnormal eye discharge	3				
Any eye disease or medica	l condition, such as conjunctivitis (pink eye)					
A compromised immune sy	estem due to cancer treatment, hepatitis, or a	dvanced AIDS				
A recent bacterial or funga	al infection in or around the eye area					
Any type of cancer						
Alopecia (hair loss)						
Skin disease						

Any metabolic or endocrine disorder	
Blunt trauma in or around the eye	
Intoxication or impaired motor skills due	to medications, alcohol, or any other drugs
Prescribed thyroid medication	
Picking or pulling on eyelashes	
	nd reviewing with the technician the attached Consent Form which forms at I wish to engage the services performed by Morgan Gjere to apply
Eyelash extensions.	
Client Signature:	Date:

Aftercare

First 24-48 hours

- Be gentle
- Avoid Oil-based ANYTHING near eye area
- Avoid exposure to anything (water, shower, heat, steam, tanning, touching, etc.)
- Do use makeup or mascara
- Do not sleep on your face

Long-Term

- Do not rub your eyes excessively
- Do not pick at your lashes
- Avoid touching your lashes as much as possible
- Do not sleep on your lashes
- Avoid oil-based mascara (including water-proof mascara)
- Do not use oil-based cleansers or makeup
- Do not frequently visit the sauna or steam