

Eyelash Extensions Consent Form and After Care Instructions



FACE ARTISTRY BY JEUELS

I have agreed to have eyelash extensions applied and/or removed from my eyelashes. I understand I must complete this agreement & provide my consent by signing and dating this page consent form where indicated below.

Aftercare Instructions:

- No oil-based makeup products/face products around the eye area.
- No water can come in contact with the eye area for 24 hours after the eyelash extensions application. Avoid steam/saunas/spas/facials/gym whilst having eyelash extensions.
- Maintain normal eye hygiene at all times to avoid eye infection by cleansing your eyelashes daily with non-soap cleanser & non oil-based cleansers. I stock BL Lash Foaming cleanser available for purchase if needed (perfect to those eye makeup regulars).
- No tinting and perming of eyelash extensions.
- No pulling or rubbing of eyelash extensions.
- DO NOT rub your eyelash extensions with your face towel. Gently pat down lashes to dry.
- Brush your lashes GENTLY with the lash brush provided to you after the appointment before you go to bed and after shower.
- No Eye makeup, even on bottom lash line as this causes extensions to clump up together and resulting to them coming off.
- Try not to sleep on your side as this puts pressure against your pillow and extensions, causing them to come loose and come off.

Please be advised that:

- Natural oils will break-down the adhesives used to bond the eyelash extensions causing the eyelash extensions to fall out.
- Regular use of eyedrops and contact lenses reduces the longevity of your eyelash extensions due to the constant moisture.
- Average eyelash sheds 3-5 a day. If you shed more eyelashes than normal, you will require to come in for a refill within a week or two weeks.

I agree to the following:

In the event I am a NO SHOW to my appointment and wish to make a new appointment, I will be required to pay the full amount of the appointment I have missed and will be required to pay my new appointment in full in advanced. Initial _____

I understand there are risks associated with having artificial eyelashes applied to and/or removed from my natural eyelashes such as adhesive tapes, glue and gel pads may cause an allergic reaction. As part of the procedure eye irritation, eye pain, eye itching, discomfort and in rare cases, eye blurriness & eye infection may occur. In the event an allergic reaction/infection occurs, I must contact Jewels immediately to have the extensions removed and consult a medical practitioner at my own expense (if needed). As an allergic reaction/infection can be an unforeseen event that is unable to predict, a refund will not be issued. Initial _____

Due to the resources and cost incurred in time and materials undertaken during the appointment, in the event I change my mind & decide to have them removed or have them altered to which case it could affect the look of my existing mapped lashes, I will not be issued a refund or may have to pay the extra cost to achieve the look I wish. Initial _____

I understand that the eyelash extensions will be applied to the natural lash as determined by the technician so as not to create excessive weight on the natural eyelash thereby preserving the health, growth and natural look of the client's natural eyelashes. Initial _____

I understand that these procedures are semi-permanent and that my natural lashes will continue to grow and fall out normally, making touch-up or "fill" appointments necessary to maintain the original look of the procedure(s). Most clients require a fill appointment every 2-4 weeks. Initial _____

I understand and agree to follow the after care instructions provided by my technician which I read above. Failure to follow the after care instructions can cause the eyelash extensions to fall out. I understand that if any follow up care is required due to my own mistake or negligence, or failure to follow these instructions, this will be at my own expense and risk. Initial _____

This agreement will remain in effect for the procedure and all future procedures conducted by my technician from the date of this signed form. I understand that this agreement is binding and that I have read and fully understand all information listed above. I represent that I am over the age of 18 years. If below 18 years of age a parent or guardian must also sign this form. Initial _____

Client Name & Signature _____ Date: _____

Parent/Guardian Name & Signature _____ Date: _____
(if under 18 years of age)