

LASH LIFT, TINT AND EXTENSION INFORMED CONSENT FORM

PLEASE READ AND ACKNOWLEDGE THE FOLLOWING:

- I understand that Lash Lift, Lash Tint and Lash Extensions procedures can improve the appearance of my lashes and eye area. Every attempt will be made to provide the appearance, length, shade and fullness desired, but my final result may not be what I initially envisioned.
- I understand this is only a temporary procedure, as natural lashes continue to grow and fall out normally, (everyone's lash growth cycle is different) therefore touch-up or "fill" appointments are recommended every 2-3 weeks to maintain the original look achieved. We typically lose about 3-4 lashes per day with new ones growing in naturally. Lashes may twist or turn as they grow and its recommended to just let them grow and then repeat the process again. Each client's results will last different lengths of time, based on the natural lash growth cycle, as well as lash length and size, as well as a person's unique physical attributes and health; therefore, results may vary.
- I understand there are inherent risks associated with receiving any Lash Lift, Lash Tint or Lash Extensions procedures in and around the eye area. I further understand that as part of the procedure, eye irritation, eye pain, eye itching, discomfort, and in rare cases allergic reaction, eye infection, or blurriness may occur. I acknowledge and accept there is inherent risk of irritation to the eye area, including the eye itself, which could result in stinging and burning, blurry vision and in rare cases, potential blindness should lash bonding adhesive enter the eye or an allergic reaction occur. I agree that if at any time I am uncomfortable with any aspect of the procedure, I will inform the technician or staff and may elect to end the session.
- I understand some irritation, itching or burning may occur if the lash bonding adhesive comes into contact with my skin, and/or the lash bonding adhesive comes into contact with my eye, my eye will be flushed with water and I will be assisted with direction in seeking medical attention immediately.
- I have cited all conditions and circumstances regarding my health history, medications used, and any past reactions to products or medications and understand it is imperative that I disclose all applicable health information regardless if specifically requested on a Client Profile/Health History form or not.
- I understand I must prepare my eye area prior to arrival. The eye area should be clean, dry, and free of mascara, makeup, and oil residue. If you arrive at your appointment without proper preparation, your spa technician cannot guarantee lasting or satisfactory results.
- I understand that for optimum results, I should avoid water, steam, mascara, or use of other skin care products around the eye area for 24 hours after the procedure.
- I understand there are no guarantees regarding length of time a procedure may last and understand I must follow aftercare instructions to help maintain results. I understand there are many factors that may affect how long procedure results last, such as water and moisture contact, oils, weather conditions, and activities involving exposure to high temperatures or physical exertion.
- I understand that I am strongly advised not to receive this procedure if pregnant, nursing, have chronic dry eye conditions, conjunctivitis, damaged lashes, eye infections, trichotillomania, have recently undergone chemotherapy or have extremely short natural lashes, and should wait at least one year after having Lasik, Blepharoplasty or any surgery of the eye area.
- I acknowledge that results of this procedure may vary, and that no guarantees of specific results are offered or implied. The spa will not provide any refunds or credits based on a

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client's unhappiness with their final results. I take sole responsibility for any reaction I may have, staining of clothing and/or personal belongings. I agree to hold Atlanta Colonic & Massage or Ageless Beauty Spa, Owners, staff, technicians and any authorized representatives harmless from any liability involved in this procedure.

I acknowledge that My spa technician or staff have explained this procedure to me and all my questions, have been satisfactorily answered. I have reviewed and completely understand all procedure and related information, including this form.

I understand that if I have any concerns, I will address these with my technician. I give permission to my technician to perform the procedure we have discussed, and will hold him/her and his/her owners, staff and contractors harmless and nameless from any liability that may result from this procedure. I have accurately answered the questions above, including all known allergies, drugs, or products I am currently ingesting or using topically. I understand my technician will take reasonable precaution to minimize negative reactions. In the event I may have additional questions or concerns regarding my procedure, I will consult the technician immediately.

I fully understand and voluntarily agree that by signing this form, I acknowledge this constitutes full disclosure, and agreement to all terms, conditions and advisements, and supersedes any previous verbal or written disclosures. I certify that I have read and fully understand all terms, conditions and advisements and that I have had sufficient opportunity for discussion for any questions I may have and all such questions or concerns have been answered. I understand the procedure and accept the risks. I shall not hold the spa technician, responsible for any of my conditions that were present, but not disclosed at the time of this procedure, which may be affected by the procedure performed today. I agree to hold Atlanta Colonic & Massage or Ageless Beauty Spa, Owners, staff, technicians and authorized representatives harmless from any and all liability involved in this procedure.

- **Allergy Patch Test:** If you are now or may be at risk for allergic reactions or think you may have allergies or have experienced a negative reaction to similar procedures, you must notify your technician who can administer an allergy patch test, prior to the procedure.

If you decline the allergy patch test. you then acknowledge and accept full responsibility and consequences for any and all allergic reactions and shall hold Atlanta Colonic & Massage or Ageless Beauty Spa, Owners, staff, technicians and authorized representatives harmless from any and all liability or responsibility for any allergic reactions.

Check one:

____ **YES**, I would like the Allergy Patch Test ____ **NO**, I decline the Allergy Patch Test

I fully understand and voluntarily agree that by signing this form, I acknowledge this constitutes full disclosure, and agreement to all terms, conditions and advisements, and supersedes any previous verbal or written statement or disclosures.

Signature

Date:

Name (printed)
