

Eyelash Extensions

Client Service History Form



I _____ agree to have eyelash extensions applied to my natural eyelashes and/or removed and retouched. By signing this agreement, I consent to the placement and removal of the eyelash extensions by the certified eyelash extension professional Bhumika.

Please read and Initial all lines

_____ I understand there are risks associated with having artificial eyelashes and eyelash extensions applied or removed from my natural eyelashes. I understand that as a part of the procedure, eye irritation, eye pain, eye itching, discomfort, and in rare cases eye infection or blindness could occur. I agree that if I experience any of these medical conditions with my lashes that I will contact *Bhumika Salon and Spa* and have my eyelashes removed immediately and consult a physician at my own expense.

_____ I understand that even though the certified eyelash extension professional applies or removes the eyelash extensions using the proper technique, the instruments, tapes, cleaners, adhesives, and removers used may irritate my eyes or require a physician follow-up care and subsequent removal of the eyelash extensions.

_____ I understand and agree to the care instructions provided by the certified eyelash extension professional for the use of and care of my eyelash extensions. I realize and accept that the failure to adhere to the instructions may cause eyelash extensions to fall out, damage the extensions and/or decrease the time the lashes will last.

_____ I understand and consent to having my eyes closed and covered for the duration of the procedure.

Note: application of lower lashes is not recommended or approved by *Bhumika Salon and Spa*.

_____ I am informing the certified eyelash extensions professional of the following conditions by **circling** either **YES** or **NO**:

YES	NO	Current use of contact lenses
YES	NO	Current use of anything such as oil-containing sunscreen or moisturizer around eyes
YES	NO	Current use of eye drops of any kind, prescription or over-the-counter
YES	NO	Current allergies or sensitivities to instruments, fumes, tapes, cleaners, eye gel pads, adhesives, and removers that could cause my eyes to water.
YES	NO	History of claustrophobia
YES	NO	History of recurrent eye or tear duct infection
YES	NO	History of dry eyes
YES	NO	Recent history of Chemotherapy
YES	NO	Other medical conditions which would prohibit or compromise placement and retention of eyelash extensions.

_____ I agree to the following eyelash extension post-op and maintenance instructions:

- No waterproof mascara
- No prescription or over-the-counter eye drops
- No oil based products around the eye area
- No water can come in contact with the eye area for 24 hours of application
- No tinting or perming of eyelash extensions
- No continuous pulling or rubbing of the synthetic lashes
- No wearing contact lenses

_____ This agreement will remain in effect for this procedure and all future procedures conducted by the certified eyelash extension professional. I read English and understand that this consent agreement is legal and binding. I have read and fully understand all the information in this agreement.

_____ I am over 18 years of age and consent to the agreement and treatment.

I release my technician and *Bhumika Salon and Spa* from all liability associated with this procedure, which is performed with the utmost attention to safety and proper application using tools and products that technician has been professionally trained to use. There are no guarantees for the bonding time length of the eyelash extensions. *Bhumika Salon and Spa* are not responsible for any technician errors. I understand the aftercare instructions and will do my part to maintain my eyelash extensions. I understand that there are many factors that may affect the life of the eyelash extensions such as water and moisturizer 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.

_____ **Date:** _____ / _____ / _____
Signature dd mm yyyy

_____ **Date:** _____ / _____ / _____
Technician Signature dd mm yyyy

Permission is granted to take before and after photos of my eyes / face which may be used for any type of marketing purposes (websites, social media, salon, etc...): **Circle One: YES NO**

_____ **Date:** _____ / _____ / _____
Signature dd mm yyyy

For Technician use only:

Type of Eyelash Set: **Natural Classic Hybrid Volume**