

# EYELASH EXTENSION

## Client Consent Form



I, the undersigned client, understand that I will receive eyelash extension services from Diana Petrova at Diana's Lash Haven. The eyelash extension service involves the application of individual synthetic lashes to my natural lashes to enhance the length and volume of my lashes.

### **Eyelash Extension Risks and Considerations:**

1. I acknowledge that eyelash extension services carry inherent risks, including the possibility of eye irritation or allergic reactions to the adhesive, gel pads, or other products used during the service.
2. I understand that there may be a risk of discomfort, temporary redness, or minor swelling following the eyelash extension application.
3. I acknowledge that eyelash extensions may not be suitable for everyone, and I have disclosed any eye conditions, infections, or sensitivities that may impact the application of lash extensions.

### **Changes in Lash Thickness and Length:**

1. I understand that the result of the eyelash extension service may vary depending on my natural lash health, lash cycle, and the lash technician's expertise.
2. I acknowledge that the synthetic lashes used for eyelash extensions may be around 30-50% thicker and 20-50% longer than my natural lashes.
3. I understand that the lash technician will consider my natural lashes' health and recommend a suitable lash thickness and length for a natural and comfortable appearance.

### **Eyelash Extension Aftercare:**

1. I have been provided with aftercare instructions for my lash extensions, and I understand the importance of following these instructions to ensure the longevity and appearance of the lashes.
2. I understand that regular lash maintenance appointments may be required to keep my lash extensions looking their best.

### **Possible Risks and Adverse Reactions:**

1. I acknowledge that while rare, allergic reactions to lash extension adhesives can occur. Symptoms may include redness, itching, swelling, or irritation in the eye area.
2. I understand that if I experience any adverse reactions, I must contact [Your Lash Technician's Name] immediately and seek medical attention if necessary.

**Lash Technician Qualifications:** I have been informed that [Your Lash Technician's Name] is a certified and trained lash technician with experience in providing eyelash extension services.

**Consent and Agreement:** By signing below, I acknowledge that I have read and understood the information provided in this consent form. I consent to receive the eyelash extension services as described, and I agree to follow the aftercare instructions provided by the lash technician.

I release [Your Lash Technician's Name] and [Your Lash Studio Name] from any liability related to the eyelash extension service or any adverse reactions that may occur.

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CLIENT SIGNATURE

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DATE