

Lash Extension Consent Form

I agree to have eyelash extensions applied to my natural eyelashes and/or removed and retouched. By signing this Consent Form, I agree to the placement and/or removal of the eyelash extensions by Kathleen Cauthen, a trained and certified eyelash extension professional. Although every precaution will be taken to ensure your safety and wellbeing before, during and after your lash extension application, please be aware of the following information and possible risks.

Please initial

_____ I understand that a full set of lash extensions can make the appearance of my own lashes about 30-50% thicker and make my lashes appear 20-50% longer.

_____ I understand that lash extension services have some inherent risk of irritation to the orbital eye area, including the eye itself, and could result in stinging and burning, blurry vision, and potential blindness should the adhesive enter the eye or should an allergic reaction occur.

_____ I understand that some irritation, itching, or burning may occur on the skin if the bonding agent comes into contact with it.

_____ I understand that if the bonding agent comes into contact with my eye, my eye will be flushed with water, and I will be assisted in seeking medical attention immediately.

_____ I understand that this is a semi-permanent procedure, as my natural lashes will continue to grow and fall out normally, making touch-up or "fill" appointments necessary to maintain the original look achieved by replacing the lashes that have fallen out. Most clients require a fill (RELASH) appointment every 2-3 weeks.

_____ I understand that while every attempt will be made to provide me with the length and fullness I have chosen, my final result may not be what I initially envisioned.

_____ I understand that it is imperative that I disclose all of the information requested in the Client Consultation Form.

_____ I have cited all conditions and circumstances regarding my health history, medications being taken and any past reactions to products or medications.

_____ I understand that additional conditions could occur or be discovered during the procedure which could affect my ability to tolerate the procedure.

_____ I consent to "before and after" photographs for the purpose of documentation, potential advertising and promotional purposes.

_____ I am informing Kathleen Cauthen that I have the following conditions by marking with a check:

- Current use of contact lenses which will need to be removed during the procedure
- Current use of anything such as oil-containing sunscreen or moisturizers around the eyes
- Current use of eye drops of any kind, prescription or over-the-counter
- Current allergies or sensitivities
- History of recurrent eye or tear duct infections
- History of dry eyes or Sjorgen's Syndrome
- Recent history of Chemotherapy
- Other medical conditions which would prohibit or compromise placement and retention of eyelash extensions (list) _____

_____ I agree to the following eyelash extension follow-up and maintenance instructions:

- No waterproof mascara
- No oil-based products around the eye area
- No water can come in contact with the eye area for 24 hours after the application
- No tinting or perming of eyelash extensions
- No pulling or rubbing of the eyelash extensions
- Should any kind of eye drops be necessary extra care should be taken to prevent moisture from coming into contact with the eyelash extensions.

I understand that if I have any concerns, I will address these with Kathleen Cauthen prior to the start of the procedure. I give permission to Kathleen Cauthen to perform the last extension procedure we have discussed and will hold her and Skinology, LLC harmless from any liability that may result from this treatment. I have accurately answered the questions above, including all known allergies, prescription drugs or products I am currently ingesting or using topically. I understand Kathleen Cauthen will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult Kathleen Cauthen immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold Kathleen Cauthen, whose signature appears below, or Skinology responsible for any of my conditions that were present but not disclosed at the time of this procedure which may be affected by the treatment performed today.

This agreement will remain in effect for this procedure and all future follow-ups conducted by Kathleen Cauthen. I read English and understand that this consent agreement is legal and binding. I have read and fully understand all information in this agreement. I am over 18 of age and consent to the agreement and to the eyelash extension application procedure

Client Signature

Printed Name

Date

Esthetician Signature

Printed Name

Date

Skinology
Skin. Science. Simplified.