

New Eyelash Extension Consultation and Consent Form/Post Care



6919 N Dale Mabry Hwy Suite 300 Tampa, Fl. 33614  
813-770-6753 | [www.CrystalsSkinandBeauty.com](http://www.CrystalsSkinandBeauty.com)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Referred By: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Please list any health conditions you are experiencing:

\_\_\_\_\_

\_\_\_\_\_

Please list all supplements, medications, or recent surgeries:

\_\_\_\_\_

\_\_\_\_\_

Do you suffer from ANY allergies (cosmetic ingredients, food shellfish, seafood, iodine, medications, hay fever, latex, ect....)

\_\_\_\_\_

\_\_\_\_\_

Do you wear contacts? \_\_\_\_\_

Have you ever received any of the following treatments? ( ) Facial ( ) Microdermabrasion ( )

Chemical Peels ( ) Waxing ( ) Lash/Brow Tint

May I contact you via mail/email about future promotions and news? No \_\_\_\_\_ Yes \_\_\_\_\_

**\*\*\*\*\*Please remove all eye makeup before your technician gets you for your appointment.\*\*\*\*\***



6919 N Dale Mabry Hwy Suite 300 Tampa, Fl. 33614  
813-770-6753 | [www.CrystalsSkinandBeauty.com](http://www.CrystalsSkinandBeauty.com)

### Informed Consent: Lash Extensions

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 appointment every 2-4 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 Profile/Health History.

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



6919 N Dale Mabry Hwy Suite 300 Tampa, Fl. 33614  
813-770-6753 | [www.CrystalsSkinandBeauty.com](http://www.CrystalsSkinandBeauty.com)

Consent cont....

\_\_\_ 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 understand that if I have any concerns, I will address these with my lash extension specialist. I give permission to my lash extension specialist to perform the lash extension procedure we have discussed, and will hold him/her and his/her staff harmless and nameless 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 my lash extension specialist 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 the lash extension specialist 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 the lash extension specialist, whose signature appears below, 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.

Client Name  
(Printed) \_\_\_\_\_

Client Name  
(Signature) \_\_\_\_\_ Date: \_\_\_\_\_



[www.CrystalsSkinandBeauty.com](http://www.CrystalsSkinandBeauty.com)

6919 N Dale Mabry Hwy Suite 300  
Tampa, Fl. 33614  
813-770-6753

## Eyelash Extension Post Care

Avoid getting your lashes wet for the first 24 hours after your lash application.

Avoid swimming, steam rooms and hot saunas for the next 48 hours. Extreme heat is not recommended.

Do not use and eyelash curler, perm or tint the extension lashes; this will break down the bond.

Do not use regular or waterproof mascara. Mascara contains conditioning properties and oil which will break down the adhesive.

Take special care around the eye are. Gently cleanse the eye area and do not scrub or rub your eyes. Avoid any type of oil based cleanser.

Do not sleep on your lashes they will get bent.

When taking a shower leave the air vent or the bathroom door open. The steam will loosen up the bonding glue.

The longevity of the lashes is different with everyone due to lifestyle, after care, and nature of the natural lashes.

It is recommended to use a sealant 2-3 times a week, which is available for purchase.