



Breeze

SKINCARE & ELECTROLYSIS

Lash Lift/Tint Consent Form

Have you ever had an allergic reaction to hair dye before? Yes
No

Have you ever had your lashes lifted before? Yes No

Have you ever had your lashes/brows tinted before? Yes
No

Please list any medications you are currently taking (oral or topical) that you are currently taking

Check all that apply

Current use of contact lenses

Current use of prescription eye drops

allergies/sensitivities to instruments, fumes, tapes, cleaners, eye gel pads, and adhesives that may cause excessive eye watering/blinking

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 the process and retention of this eyelash perm.

I understand there are risks associated with having an eyelash perm and/or eyelash tint. I further understand that as part of the procedure, eye irritation, eye pain, eye itching, discomfort, and in rare cases infection or blurriness can occur.

I agree that if I experience any of these medical conditions with my lashes that I will contact my esthetician and consult a physician at my own expense.

I understand the following:

That even though my esthetician perms the lashes using the proper technique, the instruments, eye gel pads, cleaners, adhesives, and removers used may irritate my eyes or require a physician's follow up.

I agree to the care instructions provided by my esthetician for the use and care of my permed and/or tinted eyelashes. I realize and accept the consequences of failure to adhere to these instructions may cause the eyelashes to not stay permed as long as told.
I consent to having my eyes closed and covered for the duration of the 45 minute procedure.

That tinting the lashes/brows has some risk of irritation and could result in stinging or blurry vision for a short time.

That if the tinting agent, developer, or mister of both accidentally comes into contact with my eye that it will be flushed with water.

That there may be some residual dark tint left on the skin following the tinting process of either the lashes, brows or both. This will fade and go away within a short time.

I understand that over the course of several weeks the tint will gradually lighten and fade. Re-tinting will be required to keep the color looking fresh. Most clients need to re-tint every 3-4 weeks.

FOR BEST RESULTS NO WATER CAN COME IN CONTACT WITH THE EYE AREA FOR 24 HOURS AFTER THE APPLICATION

I have read and fully understand all information in this agreement. I am over 18 years of age and consent to treatment. I release my technician my technician from all liability associated with this procedure, which is performed with the utmost attention to safety and proper application using tool and products that the technician has been professionally trained to use. There are no guarantees for length of time the lashes will stay permed. I understand the after care instructions and will do my part to maintain my lashes/brows.

Printed Name _____

Signature _____

Date _____