

Patch Testing !

- Patch testing for eyelash extensions is recommended but isn't compulsory.
- If you would like a patch test please make sure they are booked at least 24-48 hours before your lash appointment.
- Patch testings are free of charge.
- You can book a patch test with the link in my bio!

Why patch test?

Patch tests help determine whether a client may or not be allergic to lash adhesives. Clients can discover any allergy if they have never had lashes before or even after they have had lash extensions, they may develop an allergy over time.

EYELASH EXTENSION CLIENT CONSENT FORM

I hereby consent to and authorize _____ to perform the following procedure: _____

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 each statement:

- _____ 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.
- _____ 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 Intake 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.

