

LASH LIFT/TINT NEED TO KNOWS

Prior to service, you must prepare your eye area. Eyelashes need to be clean, dry, and free of mascara, makeup, and oil residue. Attending your appointment without proper preparation, Naked Truth cannot guarantee longevity or satisfactory results.

Lash extensions are not recommended when receiving and maintaining lash lifts. Product interference with perm/keratin solutions and adhesives are more likely to occur. This may result in adhesives not adhering to lashes or lash extensions falling off at a much faster rate.

* It is best to remove contact lenses prior to treatment.
* Do not get the eyelashes wet or moist for a full 24 hours. This includes but is not limited to: showering, working out, swimming, and excessive sweating. No steam or heat.
* Depending on your lash growth cycle, the lash lift can last up to 12 weeks.
* Maintain your lash lift by receiving treatment every 6-8 weeks.
* Tinting is used to give a more dramatic enhancement. Usually for lashes that are lighter/blonde in color.
* Mascara can be used to also provide a more dramatic look.
* Use non-oily make up remover when cleansing the area.
* Be sure to brush lashes daily.
* Avoid rubbing or pulling on lashes.
* You want to avoid sleeping on your face and are encouraged to use silk pillowcases. Silk pillowcases vs Cotton can help lash lift longevity because cotton causes friction, which leads to hair breakage, including lashes.



LASH LIFT/TINTING CONSENT FORM

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

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

City, State & Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give consent to the service provider at Naked Truth, Ambrea Nelson, to perform desired eyelash services.

\_\_\_\_\_\_ You have prepared your eye area prior to your arrival. Eyelashes should be clean, dry, and free of mascara, makeup, and oil residue. If you attend your appointment without proper preparation, Naked Truth cannot guarantee lasting or satisfactory results.

\_\_\_\_\_\_\_ I understand that this procedure requires adhesive, perm solutions, lash moisturizer, cleanser, and/or tint to be adhered to my own natural eyelashes.

\_\_\_\_\_\_\_ I understand that it is my responsibility to keep my eyes closed and be still during the entire procedure, until my beauty technician addresses me to open my eyes.

\_\_\_\_\_\_\_ I agree to disclose any allergies that I may have to latex, adhesives, perm solutions, tinting/dye, etc.

\_\_\_\_\_\_\_ I understand that, while every attempt will be made to provide me with my chosen color, everyone’s hair absorbs color differently and the result may not be the color I initially wanted.

\_\_\_\_\_\_\_ I understand the aftercare instructions and will do my part to maintain my eyelashes.

\_\_\_\_\_\_\_ I accept the responsibility to explain to you by desire for specific looks for procedure done today.

\_\_\_\_\_\_ I have been informed of potentially harmful or negative side effects that may be caused by the application of lash lift/tinting solutions.

\_\_\_\_\_\_\_ I understand there are risks associated with having a lash lift and/or lash tint. I further understand that as part of the procedure, eye irritation, eye pain, eye itching, discomfort, and in rare cases allergic reaction, eye infection, or blurriness could occur. You may have a patch test at least 24 hours before your appointment if you wish? If declining, please check NO. YES \_\_\_\_\_ or NO \_\_\_\_\_

\_\_\_\_\_\_\_ I agree that if at any time, I am uncomfortable with the lash lift and tint treatment, I will inform the technician and she will gladly rectify the problem, including ending the session.

\_\_\_\_\_\_\_ I will call to inform my service provider of any complications or concerns I may have as soon as they occur.

\_\_\_\_\_\_\_ I am over 18 years of age or I have parental consent co-signed below.

\_\_\_\_\_\_\_ I give Naked Truth and employee’s of Naked Truth permission to show my before and after photos of eyelashes to other potential clients. (You will be asked if necessary prior to service)

\_\_\_\_\_\_\_ I agree that by reading and signing this consent form, I release Naked Truth & all Naked Truth Employee’s from any claims or damages of any nature.

My signature acknowledges that I have read and agree to receive the treatments or series of treatments and that I will adhere to all of the aforementioned statements that I have initialed. This consent form acknowledges any future/ongoing lash lift/tint treatments.

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Provider Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_