

EYELASH EXTENSION 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.

* Do not perm or Tint lashes before or after lash extension application.
* Avoid oily products. Anything oily degrades the adhesive. This includes makeup, eye/lash serums, eye creams, lotion, etc.
* 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
* Do not use an Eyelash curler or Mascara
* Do not rub your eyes or lashes when washing your face. Clean around the Eyes with a wash cloth.
* Do not pull or try to remove the lash extensions on your own. This may cause you to take out and/or risk damaging your natural lashes.
* Do not cut the Extensions (you may cut your own lashes)
* Individual eyelash extension fill appointments are recommended every 2-3 weeks. Flare eyelash extension fill appointments are recommended on a weekly basis.
* You want to brush your lashes daily to keep them looking nice and not tangled. Also, this encourages any lashes that are in the Telogen stage to come out.
* You want to avoid sleeping on your face and are encouraged to use silk pillowcases. Silk pillowcases vs Cotton can help lash longevity because cotton causes friction, which leads to hair breakage, including lashes. Also, the side you sleep on may experience more lash loss.

Things that may cause you to lose your lashes more rapidly:

* Swimming
* Saunas and hot tubs
* Excessive showering
* Working out
* Excessive sweating
* Allergies or rubbing of the eyes
* Watery eyes
* Age
* Medications
* Hormones



EYELASH EXTENSION CONSENT FORM

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

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

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

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

\_\_\_\_\_\_ I am of sound mind and fully capable of executing this waiver for myself.

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 single synthetic eyelashes or flare individual eyelashes 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, surgical tapes, cyanoacrylate, Vaseline, etc.

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

\_\_\_\_\_\_ I understand an eyelash fill would be recommended every 2 to 3 weeks.

\_\_\_\_\_\_ I understand less than 50% of lash extensions retained before my lash fill appointment no longer constitute as a fill, but more of a full set and I will be charged accordingly.

\_\_\_\_\_\_\_ 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 and/or removal of Eyelash Extensions.

\_\_\_\_\_\_\_ I understand there are risks associated with having an eyelash extension treatment. 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. YES \_\_\_\_\_ or NO \_\_\_\_\_

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

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

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

\_\_\_\_\_ I give Naked Truth and employee’s of Naked Truth permission to show my before and after photos of eyelashes to other potential clients

\_\_\_\_\_ 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.

\_\_\_\_\_ I have read and completed the Eyelash Extensions Intake & Consent form in its entirety, and have answered everything to the best of my ability.

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 eyelash treatments.

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

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

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