



Esthetician Performing Procedure: _____

PLEASE READ AND UNDERSTAND THE FOLLOWING:

- I understand there are risks associated with having a lash lift and/or lash tint which include eye irritation, eye pain, eye itching, discomfort, and in rare cases allergic reaction, eye infection, or blurriness could occur. I may have a patch test at least 24 hours before my appointment if I wish. I agree that if at any time, I am uncomfortable with the lash lift and tint treatment, I will inform the Esthetician who will take appropriate steps to rectify the problem which may include ending the session.
- I understand that my eyes closed and covered for the duration of the procedure, and consent to this happening.
- I understand that I must prepare my eye area prior to arrival and agree to do so. I understand that this means my eyelashes need to be clean, dry, and free of mascara, makeup, and oil residue. I understand that if I attend my appointment without proper preparation, Vein and Body Specialists cannot guarantee lasting or satisfactory results. I agree to let my Esthetician know if I have any mascara or residue on my lashes.
- 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 that for optimum results I should avoid direct heat, steam, mascara, and other skin care products around my eye area for 48 hours after the application.
- I understand that there are no guarantees for the length of time my lash lift and/or lash tint will last. I understand the aftercare instructions and will do my part to maintain my eyelashes. I understand that there are many factors that may affect the life of the lash lift and/or lash tint such as water and moisture contact, weather conditions, and activities involving exposure to high temperatures.
- I understand that Vein and Body Specialists suggests checking with my doctor prior to having a lash lift and/or lash tint if I am: pregnant, nursing, have chronic dry eye, conjunctivitis, eye infections, trichotillomania, have recently undergone chemotherapy, or have recently had Lasik or blepharoplasty surgery. I understand that refusing to do so, or to follow the advice of my doctor, is at my own risk.
- I understand that a lash lift and/or lash tint may not be for me if I: have damaged lashes or lashes with gaps or have extremely short natural lashes.

I acknowledge that the results of lash lift and/or lash tint do vary, and that no guarantees of specific results are offered or implied. Vein and Body Specialists will not refund or credit any amount of money because of a client's unhappiness with their final results. Vein and Body Specialists cannot guarantee that clothing will not get stained during the process, and cannot be liable for damage to clothing or belongings. I take sole responsibility for staining of clothing and/or personal belongings. I have read the above information and understand it. The treatment as well as potential benefits, risks, and alternatives have been explained to me by my Esthetician and I have had all my related questions satisfactorily answered by my Esthetician. I hereby freely consent to the treatment and accept the risks and possible complications of such treatment.

Patient Name: _____ **Date and Time:** _____

Patient Signature: _____

Esthetician Signature: _____ **Date and Time:** _____