



Lash Lift Client Consent Form

Client's Detail

Name: Appointment date:

Address: Post code:

City: Phone:

Allergies: Please list:

Sensitive skin: Please explain:

Client's Consent

- I have been informed about the lash lift procedure, which involves lifting and curling my natural lashes to enhance their appearance.
- I understand that the results of the lash lift may vary from person to person and may last approximately 6-8 weeks.
- I have disclosed any allergies or sensitivities to the technician, and they have made a note of them.
- I have been provided with aftercare instructions and understand the importance of following them to maintain the results and avoid potential complications.
- I consent to photographs being taken before and after the procedure for record-keeping and promotional purposes, with my identity protected.
- I have provided accurate emergency contact information in case it is needed during the procedure.

Signature

By signing below, I acknowledge that I have read, understood, and consent to the above checklist and the lash lift procedure.

Client's Signature:

Technician's Signature:

Date:

Date: