

EYELASH EXTENSIONS INTAKE FORM

Name:	DO	B:	_Age:	Gender:
Address:	City:	State:_	Zip (Code:
Home Phone:	Cell:		Work:	
Email Address:(Your email address will be used	d for appointment confirmations, quarte	Occupation Occupation Occupat	on: o alert you of spe	cials and promotions.)
Dr. Colville Dr	eferred to Bella Via? (Please circle . Zavell Website		,	
	AREA SP	ECIFICS		
If no, where did vo	ou have had eyelash extensions apou have them applied?e worn any of the following types	1	YES n the last 60 d	NO ays:
	Strip Flare	□ Other		
Do you do any of the follo	owing to your eyelashes? (Please o	check all that appl	y.) 🗆 curl	□ perm □ tint
Are you having eyelash ex	tensions applied for: daily v	wear \square	a special occas	ion
Do you wear contacts? Do you habitually rub, pul Do you have, or are you b What side do you predom	: injury?	YES YES RIGHT	NO NO LEFT	
Please list any eye drops o	r eye medications that you are cur	rrently using:		
	to adhesives, tape, paper tape or sion(s):	=	YES	NO
Are you able to keep your	eyes closed and lie still for up 2 h	nours or longer?	YES	NO
Please check any of the fo	llowing that apply to you:			
□ Lasik Eye Surgery	□ Dry Eye	□ Permanent (Cosmetics	□ Blepharoplasty
□ Microdermabrasion	☐ Seasonal Allergies	□ Alopecia		☐ Thyroid Diseases
□ Glycerin Allergies	□ Iron Deficiency	□ Ringworm		□ Major Surgery
□ Eating Disorders	□ Oral Contraceptives	□ Anticoagulants		□ Retinoids
□ Accutane	□ Beta-adrenergic Blockers	☐ Chemotherapeutic Agents		□ Hormonal Imbalance
□ Recent High Fever	□ Severe Illness	□ Flu Symptoms		□ Extreme Stress
□ Drugs that Cause Hair Loss		□ Childbirth within the last 120 days		
	xposure to Chemicals in Swimmir	ng Pools, Bleach,	Hair Dye, or P	erms
	☐ Hypersensitivity to Cyano	oacrylate or Form	aldehyde	

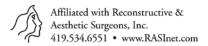


EYELASH EXTENSIONS CONSENT FORM

Cost of Procedures:

Consultation: \$25
Full Set: \$250 Lash Fills: 1-2 weeks \$45, 2-3 weeks \$60, 3-4 weeks \$75, 4-5 weeks starts at \$150, more than 5 weeks \$250 (Full Set)
Please read and initial the following:
To secure all Full Set appointments, I agree that I must pay a deposit of \$50.00. A 48-hour notice is required if I need to cancel or reschedule these appointments. In the event that I miss my appointment or cancel/reschedule within 48 hours of my appointment time, Bella Via will keep the \$50.00 deposit.
I understand that there are risks associated with the application and/or removal of artificial eyelashes. These risks include, but are not limited to: eye irritation, eye pain, discomfort, and in rare cases, blindness.
As part of this procedure, I understand that a certain amount of eyelash adhesive will be used to apply each extension to my existing eyelashes. Although the certified lash artist may apply and/or remove the eyelash extensions properly, I understand that there is a possibility that the adhesive may become dislodged during or after the procedure, which may irritate my eyes or require further follow-up care.
I understand that it is recommended to schedule Lash Fill appointments every 2-4 weeks. If I do not schedule a Lash Fill within 5 weeks, I understand that I will need to schedule another Full Set application at \$250.
I consent to having "Before" and "After" photographs of said procedure(s) for the purpose of documentation in my file. These photographs may or may not (please initial one) be used anonymously on our website or in our brochure for advertising purposes.
I have read and completed the Eyelash Extensions Intake & Consent form in its entirety, and have answered everything to the best of my ability. I have been informed of potentially harmful or negative side effects that may be caused by the application and/or removal of eyelash extensions.
Signature of Client Date
Signature of Parent/Guardian Date

Thank you for visiting Bella Via!



Craig W. Colville, M.D., F.A.C.S. John F. Zavell, M.D., F.A.C.S.