



Eyelash Extensions Agreement and Consent Form
La Belle Artistry LLC / dba La Belle Studio

Name: _____
Phone: _____
DOB: _____

Date: _____
Email: _____
Referred By: _____

Client History

Please answer all questions completely

Have you ever had eyelash extensions before? _____
Have you ever had eyelash extensions removed? Why? _____
Do you go tanning, inside or out? _____
Are you pregnant? _____
Do you pick or pull at your lashes? _____
Which position do you sleep in? Left, back, right, or stomach? _____

Client Medical History

Please check yes or no

Do you have any allergies to medications? _____ Yes _____ No
Do you have allergies or reactions to latex, adhesives, or Band-Aids? _____ Yes _____ No
Do you have any allergies or reactions to cyanoacrylate or acrylic nails? _____ Yes _____ No
Do you use or have you used RetinA or Accutane? _____ Yes _____ No
Do you have a history of eye diseases, conditions or infections that affect hair loss? _____ Yes _____ No
Are you on any fertility drugs? _____ Yes _____ No
Is there anything else we should be aware of? _____ Yes _____ No

Initial the Following

____ I understand that this procedure requires single synthetic 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 eyelash technician addresses me to open my eyes.
____ I understand that some risks of this procedure may be but not limited to eye redness and irritation. The fumes from the adhesive may cause my eyes to tear up if I open my eyes.
____ I agree to disclose any allergies I have to surgical tapes, cyanoacrylate, Vaseline, etc.
____ I agree that by reading and signing this consent for, I release La Belle Studio from any claims or damages of any nature.
____ I agree that I read and fully understand this entire consent form.
____ I am of sound mind and capable of executing this waiver for myself.
____ I give La Belle Artistry LLC permission to show my before and after photos of eyelashes to other potential clients YES or NO
____ I have read and completed the Eyelash Extensions Agreement and 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.
____ I confirm and agree that I wish to engage the services of La Belle Artistry LLC to apply eyelash extensions.
____ I understand that if I have any issues with my Lash Extensions I must notify La Belle within one week of initial appointment.

Signature _____
Date _____