



Lash Lifting Consent Form

Previous Discomfort, stinging and adverse reactions, please circle		
<ul style="list-style-type: none"> • Skin Disorders • Eye Infections • Watery Eyes • Bell's Palsy • Allergies to Latex/band aids • Are you pregnant or lactating? 	<ul style="list-style-type: none"> • Inflammation of the Skin • Recent Eye Surgery • Hayfever • Previous reactions to eye treatments • Allergies to adhesives, glues or bonding agents 	<ul style="list-style-type: none"> • Eye Disease • Blepharitis • Allergies • Contact Lenses • Allergies to Acetone • Are you taking HRT?

Have you had Eyelash or Brow Tinting, Eyelash Perming, Eyelash Extensions or Semi Permanent Mascara applied previously?

Yes No If so, which one(s)? _____

Did you experience any reaction to these treatments?

Yes No If so, please describe. _____

Did you seek medical attention from a Doctor?

Yes No If so, please describe treatment regimen/recovery _____

I, _____ hereby acknowledge that I have read and understand the above statements and have answered truthfully.

Release of All Claims Form: The undersigned, being of lawful age, does hereby forever release and discharge Mitchell's Salon & Day Spa, Inc., it's employee's and agents, shareholders, successors and assigns for and from any and all liability, claims, demands, damages and causes of action, of any kind, including but not limited to personal injuries, medical expenses, pain and suffering, lost wages and all other damages, whether now known or unknown, resulting from the rendering of service's at Mitchell's Salon & Day Spa Inc.

Client Signature: _____ Date: _____

Esthetician Signature: _____ Date: _____

After Care: Avoid the following for 24 hours after service.		
<ul style="list-style-type: none"> • Excessive Heat • Water • Lotions and Creams • It is advised to sleep on your back. 	<ul style="list-style-type: none"> • Sauna • Oils • Makeup Remover Pads • Eye Makeup 	<ul style="list-style-type: none"> • Steam (Including Cooking) • Shampoos • Mascara