

Consent For Novalash Eyelash Extensions

Full Name _____ Date of Birth _____

Address _____

Email _____ Home Phone _____ Work Phone _____

Please select your preferred method of communication for future appointment confirmation:

Phone Call Email Text

Referred By: _____

(Person (please list name if applicable), Billboard, Yellow Page, etc)

Please Initial to Confirm You have Read/Understand each of the following Instructions

- I agree to use only recommended products on my NOVALASH Eyelash Extensions.
- I understand that I should not get my NOVALASH Eyelash Extensions wet within in the first 24 hours after application.
- I understand that there are many variables including technician expertise, natural lash growth cycle, use of cosmetics and skin care products, and the overall maintenance given that will influence how long my NOVALASH Eyelash Extension remain in place.
- I acknowledge that I should not pull on my lashes after they have been applied.
- I understand that if NOVALASH Eyelash Extensions are not applied properly by a certified extensionist, there is a risk of eye damage and harm to my vision.

Please list any known allergies _____

- I have been advised that using mascara on a regular basis will shorten the length of time my extensions remain in place. I have also been advised not to use waterproof mascara on my NOVALASH Eyelash Extensions.
- I understand that touch-up appointments may be necessary as soon as two weeks after the application and that there may be additional fees for this procedure.
- I have read and discussed the above information with my NOVALASH Certified Eyelash Extensionist.
- I _____ understand that there is a possibility of allergic reaction - as with all cosmetic product. have requested treatment at The Day Spa using CryoClear on sun spots, age spots/or skin tags. I understand that the practice of aesthetic medicine is not a precise and there is no guarantee of expected results. I also understand that several treatments may be necessary to complete the treatment.

Signature: _____

Date: _____