

Lash Lift / Tint intake:

Name: _____

Date: _____

Please list any medications you are taking: _____

Are you pregnant? YES NO

Do you have any allergies: _____

Do you have any medical conditions? If yes, please list: _____

Have you or have you ever used Accutane Retinol Hydroquinone

When? _____

Are you currently wearing contacts? YES NO

Do you have eye sensitivity, stye / eye cyst, cataracts, epiphora (watery eye) _____

I understand and am willing to comply with all pre and post care instructions. This procedure has been explained to me and my questions regarding the treatment, its complications and risks have been answered. I understand the procedure and accept the risks, and request that this procedure be performed on me.

Client signature: _____

Date: _____