

UVGLAMOROUS
Eyelash Extension Consultation Form

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

How were you referred to UVGlamorous? _____

AREA SPECIFICS

Have you ever had eyelash extensions done before? YES or NO

If yes, where did you get them applied? _____

Are you having lash extensions for: Daily wear or Special Occasion

Do you wear Contacts? YES or NO

Do you habitually rub, pull, or pick your eyelashes for any reason? YES or NO

Do you have, or are you being treated for any eye illness or injury? YES or NO

Please list any eye drops or eye medication that you are currently using: _____

Are you able to keep your eyes closed and lie up to 2 hours or longer? YES or NO

CONSENT

I understand that all deals, from any advertising (YELP, Instagram, Facebook, Living Social, Groupon, word of mouth, etc.), are for first time clients with UVGlamorous. And it cannot be used if you are an existing client or have used the deal before.

I understand that this procedure requires single synthetic eyelashes to be glued to my own natural lashes. I understand that it is my responsibility to keep my eyes closed and be still during the entire procedure, until my eyelash technician tells me to open my eyes. I understand that some risk of this cause my eyes to tear up if I open my eyes.

I agree to disclose any allergies that I may have to; surgical tapes, Petroleum jelly (Vaseline), Cyanoacrylate (glue), latex, etc. I understand that I am required to follow the eyelash extension guidelines in order to maintain the life of these extensions.

I agree that a 48 hrs. cancellation policy is in place. For any appointments, on any services, it is my responsibility to give a 48 hrs. notice of my cancellation. If less than 48 hrs. or a no show, I understand that a \$15 charge fee will be in effect.

I give UVGlamorous permission to show my before and after photos of eyelashes to other potential clients.

YES _____ or NO _____

***DON'T FOR GET TO TAKE PICS**

Lash Sizes _____

Client Signature

Date

Technician