

Progressive Laser LLC

"Science enhancing Beauty..."



INFORMED CONSENT: LASH EXTENSIONS

Lash extensions are a semi-permanent cosmetic procedure enhancing the length and volume of the natural eyelash. Our lash products use latex free glue to adhere a faux-mink lash extension to your natural eyelash. The synthetic yarn fibers that make up the lash extension are soft and lightweight making them comfortable and safe for your natural lashes. We recommend getting your lashes filled every three weeks to maintain the integrity and to follow the natural growth rate of your lashes.

Please read the following information and acknowledge that you understand and accept all provisions by signing below:

___ I understand that lash extension services have some inherent risk of irritation to the orbital eye area, including the eye itself and could result in: stinging and burning, blurry vision and potential blindness should the adhesive enter the eye or should an allergic reaction occur.

___ I understand that some irritation, itching or burning may occur on the skin if the bonding agent comes into contact with it.

___ I understand if the bonding agent comes into contact with my eye, my eye will be flushed with water and I will be assisted in seeking medical attention.

___ I understand that this is a semi-permanent procedure, as my natural lashes will continue to grow and fall out naturally, making touch up or "fill" appointments necessary to maintain the original look achieved by replacing the lashes that have fallen out. Most clients require a fill appointment every 3 weeks.

___ I understand that while every attempt will be made to provide me with the length and fullness I have chosen, my final result may not be what I initially envisioned.

___ I understand that it is imperative I disclose all of the information requested in the client profile/medical health history.

___ I consent to "before and after" photographs for the purpose of documentation, potential advertising and promotional purpose.

Client Signature _____ Date _____ Parent
Guardian Signature (if under 18) _____ Lash Technician
Signature _____ Date _____

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