

# Lash Extension Service Consent Form

## Personal Information

Full Name

Date of Birth

Email

Phone Number

## Medical History

Do you have any allergies?

Medical conditions we should be aware of?

## Consent and Acknowledgements

- ☐ I understand the risks associated with lash extension application.
- ☐ I agree to follow the aftercare instructions provided by my technician.
- ☐ I give permission to receive lash extension services.

## Additional Notes

Signature

Date