

Consent form

Lashes and brows

Business name

CLIENT DETAILS

Full name

Phone number

Email

Date of birth

I CONFIRM THAT

- ☐ I have told the technician about eye conditions, allergies and contact lenses.
- ☐ A patch test before tinting or a lift was recommended to me.
- ☐ I will keep my eyes closed during the procedure and say if I feel any discomfort.
- ☐ I have received and understood the aftercare advice.

I agree that photos of the result may be taken for my record: ☐ Yes ☐ No

I agree that the business keeps the information in this form to provide the service and for as long as the law requires. I can ask to see, correct or delete my data at any time.

Client signature

Specialist signature

Date