



Eyelash Extensions Release Form

Name	
Address	
Email	
Phone	
Birthday	
Occupation	
How did you hear about us?	

Please check the box which describes how you would like your lashes to look:

	Natural	Noticeable	Dramatic
Overall			
Lengths			
Thickness			

Please read carefully

To maintain your lashes and prevent premature lash loss you should avoid oil-based skin care products, gel liners and mascara, contact with water and steam for the first 24 hours, excessive swimming, mechanical lash curlers, pulling on the lashes and the excessive rubbing on eyes.

I, the undersigned, have had the opportunity, to discuss any concerns and questions I have about proceeding with the lash service. I acknowledge that this service carries certain risks, including but not limited to, redness, irritation, itching, swelling and/or ocular distress that are beyond your lash practitioner's control and responsibility. I hereby consent to before and after photos for office use that can be used in legal matters. I understand that self-removal of the lashes (picking/pulling) and/or removal by anyone else may result in lash damage and should only be performed by our salon. I understand that I am responsible for any medical treatment I may need to receive as a result of getting eyelash extensions. I accept full responsibility for these and any other complications which may arise or result during the following treatment. The eyelash extensions are performed at my request and no refund will be issued for a finished treatment. A free removal is offered in the event of an allergic reaction. I understand touch up appointments are necessary every 2-3 weeks to maintain a full look. You may book these online at www.oasisbyplush.com or by calling our salon 614/641-7164.

Photographic Release

I hereby consent to before and after photographs and videos to be taken which may or may not be used be used for marketing/advertising and for educational purposes.

Yes _____ No _____

Medical Information

Please check all that applies:

- ☐ Are you pregnant?
- ☐ Allergic to latex?
- ☐ Wear contacts?
- ☐ Wear glasses?
- ☐ Allergic to cyanoacrylate?
- ☐ Using Retinols?
- ☐ Taking Hormone replacement therapy?
- ☐ Exercise often?
- ☐ Any eye discomfort?
- ☐ Currently dieting?
- ☐ Allergic to cosmetics?
- ☐ Suffer from Alopecia?
- ☐ History of lash loss?
- ☐ Have an endocrine or metabolic disorder?
- ☐ Do you spray tan?
- ☐ Do you swim a lot?

Type of set	
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Have you had any reactions to lash extensions? Yes No

Have you had eyelash extensions before? Yes No

**\$25 patch test required 24 hours before full set (refundable if you have an allergic reaction)

Oasis by Plush Policy Agreement:

Oasis by Plush is committed to providing all our clients with exceptional service. When a client cancels without giving enough notice, they prevent another client from getting serviced.

Please call us at (614) 641-7164

72 hours prior to your scheduled appointment

to notify us of any changes or cancellations.

If prior notification is not given, you will be charged 50% of the service cost.

No Show:

You will be charged 100% of the service cost for the missed appointment.

Package Policy:

All packages are final sale. Packages cannot be refunded for any reason.

Lash Extensions / Eyebrow Microblading:

A \$25 (non- refundable) consultation is required before full set application.
(refundable for lash clients only if allergic reaction occurs)

Children:

To ensure the best and most relaxing spa experience, please leave your little ones at home. Our Oasis is a quiet space that is reserved for clients with scheduled appointments

PLEASE SIGN:

Client Signature (Client's Parent/Guardian if under 18)

Print Name Here

Date

By signing I acknowledge the acceptance of the Terms and Conditions, as well as any complications and risks involved. I authorize Oasis by Plush of Plush Brands LLC to charge my card on file for agreed upon cancellation policies. I understand that my information will be saved to file and will not be shared outside of named business for any reason.

I also agree to waive any charge-back rights. I agree to notify the business in writing of any changes in my bank account information.

Technician Use Only

Type of Lashes	
Curls Used	
Diameter & Lengths	
Brand of Glue	
Glue Opened Date	



Natural Eye Shape of Client	
Overall correction	
Stacking/capping	
Notes	