



JACQUELINE JASE

Face & Body Center, LLC

Client Information and Consent Form – Novalash® Lash Extensions

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Referred By: _____

What would you like to achieve from your lash extensions? _____

Health History Information:

- Have you been under the care of a physician for ANY health condition in the past year? No Yes
Please explain: _____
- Have you taken any prescribed medications and/or over the counter medications in the past year?
 No Yes Please explain: _____
- Have you had any surgery within the past year? No Yes Please Explain: _____

- Do you have allergies or allergic reactions? No Yes Please Explain: _____

- Do you have metal implants or a pacemaker? No Yes
- Do you wear contact lenses? No Yes
- Do you smoke? No Yes
- Are you claustrophobic? No Yes
- *For Women Only: Are you pregnant? No Yes Due Date: _____*
- Do you have any special skin care issues or concerns with your face or body? No Yes
Please explain: _____
- Do you currently have any injection treatments such as Botox or Filler? No Yes
Please Explain and When: _____
- Have you used acne medications in the past? No Yes Please Explain and When: _____

- Are you exposed to sun on a daily basis or considering spending more time in the sun? No Yes

Please note: In some cases, clients may have a reaction to the NovaLash® Platinum adhesive. If this happens, we offer a replacement set of eyelash extensions with the sensitive glue. Under no circumstances, will a refund be offered.

Are there any other details that you would like to share prior to your treatment?

Future Appointments/Contact:

May I call you? No Yes Please Provide Number: _____

May I email you? No Yes Please Provide Address: _____

Novalash® Lash Extensions Maintenance:

1. You must come in for lash fills every TWO (2) weeks or before
2. Up to 15 days: (pricing depends on condition of Novalash® Eyelash Extensions)
 - \$30 - Mini-Fill (books for 30 Minutes)
 - \$60 - Standard Fill (books for 45 minutes)
 - \$75 – Fill Plus (books for 60 minutes)
 - ANYTHING OVER 2 WEEKS, will be determined by Jacqueline Jase

Novalash® Lash Extensions Home Care:

In order to help make things easier, we offer a discounted 3 month automatic purchase packages. By becoming part of this program, eyelash extension fills will stay at \$60 consistently.

It is recommended that all clients purchase:

- Eyelash Setting Gel every 3 months - \$30
- Make- Up Remover every 3 months - \$24
- Heated Lash Curler - \$24 (at time of initial appointment)

Become part of our Care Club!

Basic Eyelash Extension Product Membership (Every Three Months) - \$50

- Eyelash Setting Gel \$30
- Make-Up Remover \$20 (Savings of \$4)
- 10% off of additional Eyelash Setting Gel and Make-Up Remover Purchased

Eyelash Extension Plus Product Membership (Every Three Months) - \$70

- Eyelash Setting Gel \$30
- Eyeliner Pen \$27
- Make-Up Remover \$10 (Savings of \$14)
- Plus 10% off any other Lash Extension Products

(optional items Blinc® Eyeliner, Blinc® Mascara (for bottom lashes only) and Double J™ Pillow)

Please note, tips are optional and always appreciated.

I understand the possible risks and complications and have chosen to proceed with this service and authorize Jacqueline Jase Face & Body Center, LLC to perform this service after careful consideration of known and unknown risks, complications and limitations. I certify that I have read and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.

Please note: In some cases, clients may have a reaction to the NovaLash® Platinum adhesive. If this happens, we offer a replacement set of eyelash extensions with the sensitive glue. Under no circumstances, will a refund be offered.

Name (Print): _____

Signed: _____

Date: _____

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