



Agreement form

Please read the following items carefully. If you understand and agree to them, please provide your signature.

- ☐ Eyelash extensions are a procedure in which one or more artificial lashes are attached to a single natural eyelash using a specialized adhesive.
- ☐ We may refuse to perform the procedure if your natural eyelashes are extremely short, broken, sparse, thin, or excessively damaged.
- ☐ We may refuse to perform the procedure if you have any diseases or conditions affecting your eyes or the surrounding area.
- ☐ Please be careful not to open your eyes during the procedure.
- ☐ Tweezers are used during the procedure, so sudden movements can be very dangerous. Please do not hesitate to let us know if you need to adjust your position.
- ☐ The artificial lashes are not directly attached to your skin with adhesive.
- ☐ If you experience any itching, pain, stinging, or other discomfort around your eyes during the procedure, please inform us immediately.
- ☐ An allergic reaction, redness, or itching may be more likely to occur due to factors such as your physical condition, hormonal balance, or lack of sleep
- ☐ LED lash extensions use a special LED light and adhesive to attach the artificial hairs. The LED light is applied for approximately 2-3 seconds per extension. The light emits a small amount of ultraviolet radiation, but it will not cause sunburn or other harm that would require restrictions on your normal activities.
- ☐ During the procedure, a special eye patch is used to reduce glare from the LED light. However, some individuals may still experience some brightness or a sensation of warmth from the light.
- ☐ The special LED light and adhesive used in Matsukaze LED meet safety standards. However, in rare cases, allergic reactions may occur, especially if you are in poor health or have a weakened immune system. If this happens, we may have to stop the procedure depending on your condition. If you have allergies, photosensitivity, or UV allergies, please inform your technician beforehand.
- ☐ The duration of the extensions can vary depending on your lifestyle, home care routine, and the condition of your natural lashes, but the estimated duration is approximately 4-7 weeks.
- ☐ If you experience any problems after returning home, please contact our salon.

If you have any questions about the above, please do not hesitate to ask.

I have read, understood, and agree to the above terms, and I consent to the procedure.

Signing Date / /

Name TEL _____

E-mail _____

Address _____

Safety Declaration Section

The light used for eye area in our salon has been certified as compliant by the Japan Lash Extension Manufacturers Association. It has undergone testing for eyelash irradiation standards based on the international standard IEC62471 (JIS C7550), which is used to evaluate the risk of light to the skin and eyes.

Consultation Sheet

DATE

Client Name			Date of Birth		
Address			Gender	Male	Female
Tel No	—	—	Cel No	—	—
E-mail					

1	Have you had any beauty treatment for your eyes before? If Yes, please give details: Eyelash Extension / Eyelash Curling / Eyelash Tinting / Others()	あなたは、これまでに目元に施す美容サービスを受けたことがありますか？ ある方→まつげエクステ／まつ毛カール／まつげティント／その他	Yes	No
2	If you experienced any problems, troubles, or abnormalities during/after the treatment(s), please give details. その際に、問題／異常／トラブルが発生した場合は状況を教えてください。		Yes	No
3	Do you have any allergies including eye allergies?	あなたは、目の周囲を含めて、アレルギーがありますか？	Yes	No
4	Have you had treatments for respiratory problems including asthma or bronchitis?	喘息・気管支炎など呼吸器系の治療を受けたことがありますか？	Yes	No
5	Do you have dermatitis / eczema?	皮膚炎はありますか？	Yes	No
6	Do you have a sty or conjunctivitis at this moment?	現在、ものもらいや結膜炎などの症状がありますか？	Yes	No
7	Do you have any skin troubles around your eyes at this moment?	現在、目の周囲の皮膚にトラブルがありますか？	Yes	No
8	Do you have any health problems at this moment? Are you in your period? Are you currently pregnant or nursing?	現在、体調不良、または生理中、妊娠中、授乳中ですか？	Yes	No
9	Have you had any cosmetic surgeries in your eye area, or LASIK surgery, or permanent eye makeups in the last 6 months? Or are you planning to get one in the near future? 目元の美容整形、レーシック、パーマメントメイクを過去6ヶ月以内にした、または、今後、する予定がありますか？		Yes	No
10	Are you planning to have a MRI/CAT-SCAN in the near future?	MRI / CAT-SCAN の検査の予定はありますか？	Yes	No
11	Do you have any inverted eyelash(es)?	逆さまつげの症状はありますか？	Yes	No
12	Have you had treatment for cataract/glaucoma?	白内障／緑内障の治療を受けたことがありますか？	Yes	No
13	Have you had treatment for dry eye syndrome?	ドライアイと診断され、治療を受けたことがありますか？	Yes	No
14	Do you notice a swelling around your eyelids after you wake up from sleep?	寝起きにまぶたの腫れを感じることはありますか？	Yes	No
15	Are you allergic to adhesive on bandages, tapes, patches or to any cosmetic items?	絆創膏の粘着剤や化粧品でかぶれたことはありますか？	Yes	No
16	Do you sweat easily? Or do you consider your sweating excessive?	汗をかきやすいと感じたことはありますか？	Yes	No
17	Do you feel eyestrain from your daily activities?	仕事や日常生活で、眼を酷使することはありますか？	Yes	No
18	Do you use computer and/or other electrical devices for a long time on a daily basis?	日常的にコンピューターやタブレット端末などを長時間使用しますか？	Yes	No
19	Are you experiencing sleep deprivation?	睡眠時間の不足を感じますか？	Yes	No
20	Do you drive a car, motor cycle, and/or bicycle?	車、モーターサイクル、自転車の運転をすることはありますか？	Yes	No
21	Are you currently using any eye-drops or eye wash items?	現在、点眼薬（点眼剤）や洗眼薬（洗眼剤）などを使用していますか？	Yes	No
22	Do you have any eye-makeup on today?	今日は、アイメイクをしていますか？	Yes	No
23	Did you use eyelash curler today?	今日は、アイラッシュカールをつかいましたか？	Yes	No
24	Do you have mascara or eyelash extensions on today?	現在、まつげにマスカラやエクステが残っていますか？	Yes	No
25	Are you wearing contact lenses now?	コンタクトレンズは装着していますか？	Yes	No

*We might not be able to provide our service depending on your answers.

*Please communicate with the technician immediately if you feel any discomfort/pain during/after the procedure.

*あなたの回答によっては施術をお断りする場合があります。※ 施術中、施術後に不快感や異常を感じたら担当者に速やかにお知らせください。

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