MEDICAL DOUBLE-SIDED FALSE EYELASH TAPE APPARATUS AND METHOD

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ABSTRACT
A method and apparatus for attaching an artificial eyelash structure including a first tape, a second tape, and an artificial eyelash structure. The first tape may be a medical double-sided tape in which a first side is placed on an upper eyelid and a set of false eyelashes is placed on a second opposing side of tape. The combination of the first and the second tape, wherein the second tape typically is in a color. When in the color black the second tape gives the appearance of eyeliner while holding the artificial eyelash structure without the use of glue.
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CROSS REFERENCE TO RELATED APPLICATION(S)

[0001] The present application is a continuation in part of and claims the priority of U.S. patent application Ser. No. 12/229,084, titled “MEDICAL DOUBLE-SIDED FALSE EYELASH TAPE” filed on Aug. 19, 2008, inventor SoRena Melinda Dix.

FIELD OF THE INVENTION

[0002] This invention relates to improved methods and apparatus concerning providing cosmetic enhancements.

BACKGROUND OF THE INVENTION

[0003] There are various devices known in the prior art for providing cosmetic enhancements. For example, mascara is used to add to thickness and length to a person’s natural lashes. In addition, gluing a set of false eyelashes to the edge of a person’s eyelid or gluing individual false eyelashes onto a person’s natural lashes to give added thickness and length is known in the art. However, many people have allergies or a medical condition and cannot wear mascara or apply glue to apply false eyelashes. Also glue can leak into a person’s eyes.

[0004] The application of individual eyelashes, known in the art as eyelash extension, is applied with a glue adhesive which is generally known in the art. However, the glue adhesive may cause a person’s natural eyelashes to fall off. After repeated applications of this process over time, eventually the natural eyelashes may never grow back.

[0005] Known eyelash extensions typically entail the attachment of an individual artificial eye lash onto a natural eye lash, and after time the natural lash falls off with the attached artificial eyelash.

SUMMARY OF THE INVENTION

[0006] In one embodiment of the present application a first tape, such as a medical double-sided tape, is provided. The first tape typically includes two sides. The medical double-sided tape may be clear/transparent.

[0007] In one embodiment of a method in accordance with the present invention, a first side of the medical double-sided tape is placed on a person’s upper eyelid. A set of false eyelashes is placed on a second opposing side of the medical double-sided tape.

[0008] One or more embodiments of the present invention avoid the use of glue. In another embodiment of the present application, non-medical tape in a color, for example black, may be attached to one side of the medical or first tape. This may be done by a manufacturer of medical and non-medical adhesive/tape and may be retailed as a final product.

[0009] In at least one embodiment of the present invention and apparatus is provided comprising a first tape having a first side with a first adhesive and an opposing second side with a second adhesive, and an artificial eyelash structure. The first tape may be a medical grade tape. The first adhesive of the first tape may be a medical grade adhesive which is configured to be applied to a person’s skin. The artificial eyelash structure may be configured to be attached to or detached from the second adhesive of the first tape. The first tape may be flat and transparent.

[0010] In one or more embodiments an apparatus may be provided including an apparatus comprising a first tape having a first side with a first adhesive and an opposing second side, a second tape having a first side with a first adhesive, means for attaching the second tape to the first tape, and an artificial eyelash structure. The means for attaching the second tape, which may have a color and may not be transparent, to the first tape may be a second adhesive attached to a second side of the second tape which opposes the first side of the second tape or may be a second adhesive attached to a second side of the first tape which opposes the first side of the first tape. The artificial eyelash structure may be configured to be attached to or detached from the second adhesive of the second tape. The second tape may be colored, while the first tape may be transparent.

[0011] In one or more embodiments of the present invention a method may be provided comprising adhering a first tape to skin of an upper eyelid of a person, and attaching an artificial eyelash structure to the first tape, wherein the first tape is a medical grade tape, which includes a medical grade adhesive which is adhered to the skin of the upper eyelid of the person in order to adhere the first tape to the skin of the upper eyelid of the person. The method may further include adhering a second tape to the first tape, wherein the artificial eyelash structure is attached to the second tape in order to attach the artificial eyelash structure to the first tape. The method may further include detaching the artificial eyelash structure from the first tape.

BRIEF DESCRIPTION OF THE DRAWINGS

[0012] FIG. 1A shows a top view of a first tape for use in accordance with an embodiment of the present invention;

[0013] FIG. 1B shows a bottom view of the first tape of FIG. 1A;

[0014] FIG. 1C shows a cross sectional view of the first tape of FIG. 1A;

[0015] FIG. 2A shows a front view of an eye structure of a person;

[0016] FIG. 2B shows a front view of the first tape of FIG. 1A taped to an upper eyelid of the eye structure of FIG. 2A in accordance with an embodiment of the present invention;

[0017] FIG. 2C shows a front view of an artificial eyelash structure for use in accordance with an embodiment of the present invention;

[0018] FIG. 2D shows a front view of the artificial eyelash structure of FIG. 2C attached to the first tape of FIG. 1A in accordance with an embodiment of the present invention;

[0019] FIG. 3A shows a top view of a second tape;

[0020] FIG. 3B shows a bottom view of the second tape;

[0021] FIG. 3C shows a cross sectional view of the second tape;

[0022] FIG. 4A shows a simplified cross sectional view of the following: the artificial eyelash structure of FIG. 2C, the second tape of FIG. 3A, the first tape of FIG. 1A, and the upper eyelid of FIG. 2A in a state in which they are separate and apart from each other, in accordance with an embodiment of the present invention; and

[0023] FIG. 4B shows a simplified cross sectional view of the artificial eyelash structure of FIG. 2C, the second tape of FIG. 3A, the first tape of FIG. 1A, and the upper eyelid of FIG.
in a state in which they are attached together, in accordance with an embodiment of the present invention.

DETAILED DESCRIPTION OF THE DRAWINGS

[0024] FIGS. 1A-C show top, bottom, and cross sectional views of a first tape 10 for use in accordance with an embodiment of the present invention. The first tape 10 includes a first adhesive 12, a backing 14, and a second adhesive 16 as shown in FIG. 1C. The first tape 10 may be a double sided medical tape known in the art. The backing 14 may be made of a medical grade strength adhesive paper known in the art. The first and second adhesives 12 and 16 may each be medical grade adhesives used and/or approved for adhering to human skin. Either the first adhesive 12 or the second adhesive 16 may be adhered to human skin, i.e. typically the first tape 10 can be flipped over or is reversible.

[0025] The first adhesive 12 is attached to one side 14a of the backing 14 and the second adhesive 16 is attached to the other side 14b of the backing 14, typically during a manufacturing process as known in the art. The medical tape 10 has a top side 10a, a bottom side 10b, and edges 11a, 11b, 11c, and 11d.

[0026] The first tape 10 may be elongated. The first tape 10, including the first adhesive 12, the backing 14, and the second adhesive 16 may be transparent or clear, or substantially transparent or clear. The first tape 10 may have a width, W1 of about one to three centimeters, from the edge 11a to the edge 11c, and may have a length, L1 of about one inch, from the edge 11b to the edge 11d. The width W1 of the tape 10 may be slightly wider than a width (or smaller dimension) W2, shown in FIG. 2C of a backing or band 122 of a false or artificial eyelash structure 120 shown in FIG. 2C. The length L1 of the first tape 10 may be about one inch, which is about the length of an eye. In one or more embodiments a strip of tape much longer than one inch may be provided and the user will be able to cut the strip of tape to the desired length, for one or more tapes which may be in the form of first tape 10. The first tape 10 may have a depth or thickness, D1, shown in FIG. 3C, which may be very thin such as about one millimeter or less (for example, 0.20 mm). The first tape 10 is shown in a simplified format in FIGS. 1A-C, but in one or more embodiments would be very thin, i.e. would have a very small depth D1, which would be much smaller than the width W1 and the length L1.

[0027] FIG. 2A shows a simplified front view of an eye structure 100 of a person. The eye structure 100 includes an upper eyelid 102, a lower eyelid 104, a plurality of upper eyelashes 106, a plurality of lower eyelashes 108, an eyeball 110, and a pupil 112 within the eyeball 110.

[0028] FIG. 2B shows a front view of the first tape 10 of FIG. 1A taped to the upper eyelid 102 of the eye structure 100 of FIG. 2A in accordance with an embodiment of the present invention. The first tape 10 may be taped on the edge of the upper eyelid 102 near eyeball 110, and in at least one embodiment, is not taped to the upper eyelashes 106. The first tape 10 is taped to the upper eyelid 102 so that the second adhesive 16 and bottom side or surface 106 of the second adhesive 16 sticks or adheres to the non-upon eyelid 102. The first 10 is typically not adhered to the upper eyelashes 106, but rather is adhered to the skin of the upper eyelid 102 behind the upper eyelashes 106.

[0029] FIG. 2C shows a simplified front view of an artificial eyelash structure 120 in accordance with an embodiment of the present invention, in a state where the artificial eyelash structure 120 has been bent, curled up, or curled slightly to conform to the upper eyelid 102. The artificial eyelash structure 120 includes a backing 122 to which are attached a plurality of eyelashes 124.

[0030] FIG. 2D shows a front view of the artificial eyelash structure 120 of FIG. 2C attached to the first tape 10 of FIG. 1A in accordance with an embodiment of the present invention. In FIG. 2D the backing 122 of the eyelash structure 120 is attached to the top surface or side 10a of the first tape 10. The plurality of eyelashes 124 may be attached to a front surface of the backing 122, and the backing 122 may have an opposing rear surface which is attached to the top surface or side 10a of the first tape 10 in FIG. 2D.

[0031] The backing 122 of the artificial eyelash structure 120 may be transparent or may be colored in some embodiments. The backing 122 of the artificial eyelash structure 120 may be a rubber, plastic or material known in the art which has a very slim depth, D2 shown in FIG. 4A, such as one centimeter or less. Using a backing 122, which is in a color, may aid in the camouflaging of the medical tape 10. The backing 122 of the artificial eyelash structure 120 may be made of rubber. The artificial eyelash structure 120 may be an artificial eyelash structure known in the art.

[0032] The first tape 10 may be thin. The first tape 10 may be transparent and hypo-allergenic. The combination of the first tape 10 and the artificial eyelash structure 120 may be very useful for those with allergies or medical conditions who cannot use glue to apply false eyelashes in a previously known fashion. The first tape 10 is typically water-resistant in one or more embodiments. The first tape 10 should be of a type which has been approved to be placed on human skin without irritation when it is removed. One or more embodiments, the first tape 10 and the eyelash structure 120, together present the effect of natural eyelashes.

[0033] FIGS. 3A-C show top, bottom, and cross sectional views of a second tape 200 for use in accordance with an embodiment of the present invention. The second tape 200 includes a first adhesive 212, which typically does not have to be medical grade as it will not come in contact with the person's skin, a backing 214, and a second adhesive 216 as shown in FIG. 3C. The second tape 200 may be a double sided tape known in the art, but does not need to be a medical tape in one or more embodiments. In one or more embodiments the second adhesive 216 may be eliminated and the second tape 200 may only include the first adhesive 212 attached to the backing 214.

[0034] The second tape 200 may be black in color in accordance with an embodiment. The second tape 200 may be used as a substitute for eyeliner or may provide the appearance of eyeliner so that it appears that eyeliner is being worn. The second tape 200 may be attached to the first tape 10 during a manufacturing process.

[0035] In one or more embodiments, the backing 214 of the second tape 200 may be used to provide the illusion or appearance of eyeliner. The backing 214 may be made of any adhesive backing known in the art. The backing 214 may be a color, such as black or any other color. In one or more embodiments, the backing 214 of the second tape 200 may be used to match skin tone. For example, if the person has brown skin, the backing 214 may be brown to blend in with the person's brown skin. Similarly, if a person has brown natural eyelashes the backing 214 may be brown to blend in with the color of the natural eyelashes. The first adhesive 212 and the optional
The second adhesive 216, if any, may also be in a color similar to the backing 214 to blend in with the person's skin or eyelash color.

The first adhesive 212 is attached to one side 214a of the backing 214 and the second adhesive 216 if applied is attached to the other side 214b of the backing 214, typically during a manufacturing process as known in the art. An attachment of second adhesive 216 to side 214b is optional if there is an absence of adhesive 12 on one side of the first tape 10. In at least one preferred embodiment, an end user would not attach the second tape 200 to the first tape 10 but rather the second tape 200 would be attached to the first tape 10 during a manufacturing process. Either the first adhesive 212 or the second adhesive 216 may be eliminated since the adhesive 12 (or 16) of the first tape 10 can be attached to the backing 214 without the need for another adhesive in between the first tape 10 and the second tape 200. The second tape 200 has a top side 200a, a bottom side 200b, and edges 201a, 201b, 201c, and 201d.

The second tape 200 may be elongated. The second tape 200 may have the same width, W1, and the same length L1, as well as substantially the same depth or thickness of the first tape 10, one to three centimeters, or thicker. In one or more embodiments a strip of tape much longer than one inch may be provided and the user will be able to cut the strip of tape to the desired length, for one or more tapes which may be in the form of second tape 200. The second tape 200 may have a depth or thickness, D1, which may be very thin such as one millimeter or less (for example, 0.20 mm). The second tape 200 is shown in a simplified format in FIGS. 3A-C, but in one or more embodiments would be very thin, such as one millimeter or less, i.e. would have a very small depth D1, which would be much smaller than the width W1 and the length L1.

FIG. 4A shows a simplified cross sectional view of the artificial eyelash structure 120 of FIG. 2C, the second tape 200 of FIG. 3A, the first tape 10 of FIG. 1A, and the upper eyelid 102 of FIG. 2A in a state in which they are separate and apart from each other, in accordance with an embodiment of the present invention. FIG. 4B shows a simplified cross sectional view of the artificial eyelash structure 120 of FIG. 2C, the second tape 200 of FIG. 3A, the first tape 10 of FIG. 1A, and the upper eyelid 102 of FIG. 2A in a state in which they are attached together, in accordance with an embodiment of the present invention. The backing 122 of the artificial eyelash structure 120 may have a length L1 which is approximately equal to the length L1 of the first tape 10 and the second tape 200. The backing 122 may have a width W1, not shown in FIG. 4A which may be the same as the width W1 of the first tape 10 and the second tape 200. The backing 122 of the artificial eyelash structure 120 may have a depth or thickness, D1, which may be very thin such as one millimeter (mm). The backing 122 is shown in a simplified format in FIGS. 4A-B, but in one or more embodiments would be very thin, i.e. would have a very small depth D1, which would be much smaller than the width W1 and the length L1.

In at least one embodiment, the end user person will apply the first tape 10 to their upper eyelid, such as 102 as in FIG. 4B. I.e. the second tape 200, which typically is of a color and may be black in color, typically will already be attached or adhered to the first tape 10 through an adhering process performed by a manufacturer. In operation, referring to FIGS. 4A-4B, the first tape 10 can be applied to skin of the upper eyelid 102 by attaching the adhesive 16 to the upper eyelid 102. In at least one embodiment, a manufacturer may have previously adhered the second tape 200 to the first tape 10, so that the adhesive 216 of the second tape 200 is attached to the adhesive 12 of the first tape 10. The second tape 200 is typically attached to the first tape 10 so that the tapes 10 and 200 are aligned. The second tape 200, in one embodiment, aligns with and overlaps, typically in equal measurement, the first tape 10, and the second tape 200 typically does not touch the skin of the upper eyelid 102. In at least one embodiment, only one of the adhesives 216 and 12 may be needed and therefore one or the other can be eliminated.

With the attachment of the first tape 10 to the upper eyelid 102, the artificial eyelash structure 120 may be attached, in accordance with an embodiment of the invention. After the second tape 200 has been attached to the first tape 10, typically by a manufacturer, the combination of tape 10 and tape 200 can then be attached to the upper eyelid 102. Thereafter, the artificial eyelash structure 120 may be attached to the second tape 200. A bottom surface 122b of the backing 122 of the artificial eyelash structure 120 may be attached to the adhesive 212 in order to attach the artificial eyelash structure 120 to the second tape 200. The backing 122 of the artificial eyelash structure 120 is typically aligned with the backing 214 of the second tape 200 so that the artificial eyelash structure 120 typically does not touch skin of the upper eyelid 102.

Although the invention has been described by reference to particular illustrative embodiments thereof, many changes and modifications of the invention may become apparent to those skilled in the art without departing from the spirit and scope of the invention. It is therefore intended to include within this patent all such changes and modifications as may reasonably and properly be included within the scope of the present invention's contribution to the art.

1 claim:
1. An apparatus comprising:
a first tape having a first side with a first adhesive and an opposing second side with a second adhesive; and
an artificial eyelash structure; and
wherein the first tape is a medical grade tape;
wherein the adhesive on the first side is a medical grade adhesive which is configured to be applied to a person's skin;
and wherein the artificial eyelash structure is configured to be attached to or detached from the second adhesive of the first tape.

2. The apparatus of claim 1 wherein
The first tape is transparent.

4. An apparatus comprising
a first tape having a first side with a first adhesive and an opposing second side;
a second tape having a first side with a first adhesive;
means for attaching the second tape to the first tape; an artificial eyelash structure; and
wherein the first tape is a medical grade tape;
wherein the artificial eyelash structure is configured to be attached to or detached from the artificial eyelash structure.
5. The apparatus of claim 4 wherein the means for attaching the second tape to the first tape is a second adhesive attached to a second side of the second tape which opposes the first side of the second tape.

6. The apparatus of claim 4 wherein the means for attaching the second tape to the first tape is a second adhesive attached to a second side of the first tape which opposes the first side of the first tape.

7. The apparatus of claim 4 wherein the second tape is colored and the first tape is transparent.

8. The apparatus of claim 4 wherein the second tape and the first tape are flat.

9. A method comprising:
   adhering a first tape to skin of an upper eyelid of a person; and
   attaching an artificial eyelash structure to the first tape; and wherein the first tape is a medical grade tape, which includes a medical grade adhesive which is adhered to the skin of the upper eyelid of the person in order to adhere the first tape to the skin of the upper eyelid of the person.

10. The method of claim 9 further comprising adhering a second tape to the first tape; and wherein the artificial eyelash structure is attached to the second tape in order to attach the artificial eyelash structure to the first tape.

11. The method of claim 10 wherein the second tape is adhered to the first tape by a manufacturer of the first tape and the second tape.

12. The method of claim 9 further comprising detaching the artificial eyelash structure from the first tape.

13. The method of claim 9 wherein the first tape is flat.

14. The method of claim 9 wherein the second tape is colored and the first tape is transparent.

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