

PATCH TEST

Name _____ Date ____/____/____

Patch Testing involves placing small amounts of the substance against the skin and affixing them in place for 48- 72 hours. The testing site is then monitored for local reaction. Potential adverse events include rash at the site, infection, or delayed skin reactions. There is a possibility of an allergic reaction to pigments. Pigment contents are: iron oxide, titanium dioxide, isopropyl alcohol, glycerin, ethanol, and distilled water. A patch test is advisable however it does not ensure a client will not have an allergic reaction.

I CONSENT THE PATCH TEST

I have received a patch test on the date below.
The patch test has been received and it releases the service provider, and assistant(s) from any liability related to any allergies or other reaction to applied tattoo/permanent makeup pigments. I have been informed that reactions can occur at any time in the future. Sun exposure can also cause a reaction with the pigments.

Client: _____ Location: _____
Color: _____
Signature: _____

REACTIONS

NOTES

I WAIVE THE PATCH TEST:

I release the service provider, and assistant(s) from any liability if I develop an allergic reaction to the tattoo/permanent makeup pigments during or after tattoo/permanent makeup procedure(s).

Client: _____
Signature: _____