

Patch Test Waiver Form



Appointment Day:

Appointment Time:

Although an allergy is unusual, there is always a possibility of an unknown allergy to the pigments and materials used during this procedure. In order to determine if you are allergic to anything that is used, a patch test is recommended prior to the initial procedure. If you wish, you can schedule an appointment with a medical professional to have the results professionally reviewed. If you choose to decline the patch test, please sign this waiver.

Personal Information

Name

Date of Birth

Address

Phone #

Email

Please read and initial following:

- I confirm the possible reactions and sensitives have been fully explained to me.
- I accept that there may be a risk of an adverse reaction to this procedure, including the possibility of swelling, irritation, and redness.
- I understand that in the case of a reaction, I will not hold my therapist/technician responsible in any way, this includes any of the reactions specified above and/or any other reaction I may have.
- I understand the risks of not having a patch test and I agree to accept the risks and waive the patch test.

Notes:

Client Printed Name

Signature

Date

Technician/Therapist

Signature

Date