

Patch Test Consent 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 have a patch test, please sign the form below.

Personal Information

Name

Date of Birth

Address

Phone #

Email

Please read and initial following:

- I confirm the reactions and sensitives have been fully explained to me.
- I accept that there may be a risk of an adverse reaction to this treatment, 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 that a negative patch test is not a guarantee that I will not experience a reaction. I understand that reactions and allergies can occur at any time even if I have had this treatment previously.

Treatment for Patch Test:

Area Tested for Patch Test:

Result in Patch Test:

Notes:

Client Printed Name

Signature

Date

Technician/Therapist

Signature

Date