Permanent Makeup

CLIENT PATCH TEST CONSENT FORM

Please initial each statement:

_____ I acknowledge that I will be receiving a patch test for permanent makeup from a licensed and certified permanent makeup artist. I understand that the purpose of this test is to determine whether I have any allergies to the permanent makeup pigment that will be used during my procedure.

_____ I am aware that the patch test will involve applying a small amount of the pigment to a small area of my skin. I understand that I need to observe the area for 24-48 hours to check for any allergic reactions. If I notice any redness, itching, swelling, or other symptoms during this time, I will promptly notify the artist.

_____ I understand that while the patch test helps to reduce the risk of an allergic reaction during the permanent makeup procedure, it does not guarantee that I will not experience one. In the event that I do have an allergic reaction during the procedure, I am aware that the artist will immediately stop the procedure and take appropriate measures to address the situation and ensure my safety.

By signing below, I herby acknowledge that I have completely read and fully understand the above agreement.

☐ I consent to have a patch test done

☐ I decline to have a patch test done

_____
Client Name (Printed)

_____
Client Name (signature)

_____
Date

escosbeauty@gmail.com 734-417-6793 Website: www.escos-beauty.com