

PATCH TESTING FORM

Natural Effects

PATCH TEST WAIVER

I understand that a skin test can determine if I will have a reaction within 24 hours to the products tested but that it is inconclusive regarding whether I will have an allergic reaction at any time in the future. Therefore I waive my option to an allergy test and wish to proceed with a micropigmentation procedure.

Clients Name:..... Signed:..... Date:.....

PATCH TEST CONSENT

I have decided to have an allergy test. I understand that I may have an allergic reaction to the micropigmentation products within 24 hours and that if I do I may then be able to consider different products to achieve the micropigmentation treatment of my choice.

I do understand that if no allergic reaction is evident within 24 hours that it is not to be construed that I may not have a reaction at some time in the future. I affirm that I will release the technician from any liability to an allergic reaction should I wish to proceed with a micropigmentation procedure.

Clients Name:..... Signed:..... Date:.....

DATE ALLERGY TEST WAS PERFORMED.....

TECHNICIAN