PATCH TEST CONSENT FORM

I have received a patch test on the date below. The patch test has been received and it releases Michelle Keith, R.N. from any liability related to any allergies or other reaction to applied 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 (colors).

Client:_____

Location: Top/Mid Scalp

Color:_____

_____ Date:_____
Signature

I WAIVE THE PATCH TEST: _____DATE:_____
Signature

PHOTOGRAPHER'S MODEL RELEASE

I, _____, assign Michelle Keith, R.N. permission to use my before and after pictures in one of the areas below:
(Check all that apply)

❑ I want my picture in my medical file only

❑ My pictures may be viewed in the photo album by others

_____ _____
Signature **Date**

Permanent Makeup by Michelle
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