

HOW TO USE THESE FORM TEMPLATES

HELLO! THESE FORM TEMPLATES ARE HERE TO HELP YOU CREATE YOUR OWN INTAKE FORMS AND INFORMED CONSENTS FOR YOUR PERMANENT MAKEUP BUSINESS. PLEASE KEEP THE FOLLOWING IN MIND:

THIS IS A “VIEW ONLY” FILE. TO EDIT, SIMPLY CREATE YOUR OWN COPY IN CANVA (FILE > MAKE A COPY).

CUSTOMIZE THE TEMPLATES WITH YOUR BRANDING: COLORS, LOGO, AND LANGUAGE THAT SUITS YOUR STUDIO'S VIBE.

REVIEW EACH SECTION CAREFULLY TO ENSURE IT ALIGNS WITH YOUR SPECIFIC BUSINESS POLICIES AND PROCEDURES.

WE'RE HERE TO PROVIDE THESE TEMPLATES, BUT WE CAN'T TAKE RESPONSIBILITY FOR ANY ISSUES THAT MAY ARISE FROM THEIR USE. PLEASE ENSURE THAT YOUR FORMS COMPLY WITH LOCAL LAWS AND REGULATIONS.

BY USING THESE TEMPLATES, YOU AGREE TO TAILOR THEM FOR YOUR UNIQUE NEEDS.

ENJOY CREATING!

YOUR
LOGO
HERE

PERMANENT MAKEUP PATCH TEST

Consent and Waiver

I, _____, understand that I am receiving a patch test from my Cosmetic Professional, who is a licensed and certified permanent makeup artist. This test is intended to help determine if I may have an allergic reaction to the permanent makeup pigment to be used in my procedure.

I understand that the patch test will involve applying a small amount of pigment to a small area on my skin. I am aware that I need to observe the area for 24-48 hours for any signs of an allergic reaction. If I experience redness, itching, swelling, or any other symptoms, I will contact the artist immediately.

I understand that while the patch test can help identify possible reactions, it does not guarantee that I will not experience an allergic reaction during the actual procedure. If I do have an allergic reaction during the procedure, I understand that the artist will stop immediately and take any necessary steps to minimize risk.

By signing below, I give my informed consent to receive the patch test and waive any claims or liability against the artist for any adverse reactions or injuries that may result from the patch test.

.....
Client Printed Name

.....
Clients Signature

.....
Date

.....
Cosmetic Professional Name

.....
Cosmetic Professiona Signature

.....
Date

BEAUTY BUSINESS NAME

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