Logo, company name

Description automatically generated

Patch Test

Name:

Date of Birth:

Address:

Patch test date:

Left Arm:

Right Arm

Treatment:

I……………………………………………… am happy to have the patch test today on the stated above treatment. I understand that is this patch test shows an allergic reaction the treatment cannot go ahead. Although if I do not have a reaction from this patch test, it does not guarantee and allergic reaction will not occur during the treatment.

Client Signature:

Technician Signature:

Date: