

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial Treatment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have had the opportunity to discuss the parameters of my scalp micropigmentation treatment with my specialist, and agree to undergo the First Impressions treatment patch testing the pigment and procedure. I agree to undergo this treatment with Flawless Fade SMP, and release Flawless Fade SMP from any treatment contraindications. \_\_\_\_\_\_ (Initial)