



A patch test is required for any client with a history of allergies or sensitivity to perfumes, **dyes**, tints, metals or has sensitive skin in general. The client is responsible for informing the technician of any and all allergies and skin sensitivities prior to their procedure.

Patch testing involves breaking the skin and placing small amounts of product on the skin. The test site must remain undisturbed for a minimum of 24-hours; client to monitor the area for 24-72 hours for any reaction. **At the first sign of a reaction or irritation** such as swelling, itching, burning, redness, etc... immediately cleanse and rinse thoroughly the test sight and seek immediate medical attention.

Ingredients used in pigments for permanent makeup vary by manufacture and may contain but are not limited to iron oxide, titanium dioxide, isopropyl alcohol, glycerin and ethanol. Topical anesthetics may contain but are not limited to lidocaine, tetracaine, benzocaine and epinephrine.

If you have allergies or sensitivities to any of the aforementioned ingredients, please advise your technician **PRIOR** to your procedure as you will be required to have a patch test.

I CONSENT TO THE PATCH TEST and release Kymberlee's Day Spa & Permanent Makeup Studio, Kimberley Asbas, from any and all liability related to any allergic reaction as a result of this test. I have been informed that reactions can occur at any time in the future. Sun exposure can also cause a reaction with the pigments. I understand that a favorable patch test, i.e., no adverse reaction to product(s) tested, does not guarantee I will not have a reaction at the time of the procedure, and/or at a later date.

Test Site	Product type	Brand	Date / Time of Testing
Behind Right / Left Ear	_____	_____	_____
Behind Right / Left Ear	_____	_____	_____
Inside Right / Left Wrist	_____	_____	_____
Inside Right / Left Wrist	_____	_____	_____

I WAIVE THE PATCH TEST and release Kymberlee's Permanent Makeup & Aesthetics, from any liability if I develop an allergic reaction to the permanent makeup pigments and/or topical anesthetics during or after the permanent makeup procedure(s). I have read this document in its entirety and understand and agree to the conditions.

Client printed name

Date

Client Signature

Technician Signature

Date