

# Permanent Cosmetics Medical Form

PLEASE READ CAREFULLY AND SIGN WHERE INDICATED, Only when you are ready to Proceed and have discussed all points with specialist. You are signing you fully understand and accept the terms of Treatment you are having today. You will be given Aftercare products and full written instructions.

Valid ID Info (DL) \_\_\_\_\_ Age \_\_\_\_\_

Today's Date: \_\_\_/\_\_\_/\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Cell Phone \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
No. & Street City State Zip

Work Address: \_\_\_\_\_  
No. & Street City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Are you now or have you been under the care of a physician within the last two years? \_\_\_\_\_  
If yes, please provide Physician's Name, address and phone number. \_\_\_\_\_

Person to contact in an emergency: \_\_\_\_\_  
Name  
Address & Phone No.

List all medications you are currently taking, including Retin A, Glycolic Acid and Acutane:

List any drug, makeup, skin or food allergies (i.e., soaps or cleansing creams): \_\_\_\_\_

Have you recently undergone a skin peel? \_\_\_\_\_

What products do you use for skin care? \_\_\_\_\_

Do you feel fit and well to have Permanent Cosmetic Treatment today? \_\_\_\_\_

Permanent Cosmetics is an art process - not an exact science and I / Donna or Velvet Touch Permanent Cosmetics & Skin Care, LLC cannot guarantee, and exact shrinkage result due to skin elasticity and individual healing.

I, \_\_\_\_\_ you have chosen Permanent Cosmetic procedure that is not medically necessary:

Sign: \_\_\_\_\_ Date \_\_\_\_\_