

# PATCH TEST CONSENT FORM

I have received a patch test on the date below. The patch test has been received and it releases Michelle Keith, R.N. from any liability related to any allergies or other reaction to applied pigments. I have been informed that reactions can occur at any time in the future. Sun exposure can also cause a reaction with the pigments (colors).

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

Location: Top/Mid Scalp

Color: \_\_\_\_\_

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

I WAIVE THE PATCH TEST: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature

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## PHOTOGRAPHER'S MODEL RELEASE

I, \_\_\_\_\_, assign Michelle Keith, R.N. permission to use my before and after pictures in one of the areas below:  
**(Circle all that apply)**

- I want my picture in my medical file only
- My pictures may be viewed in the photo album by others

\_\_\_\_\_  
Signature Date

Permanent Makeup by Michelle  
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