

## Procedure Worksheet

**CLIENTS NAME:** .....

**TECHNICIAN:** .....

DATE	PROCEDURE	COLOURS USED	NEEDLES USED	ANAESTHETIC USED	TOLERANCE LEVEL	PHOTOGRAPHIC EVIDENCE

**TECHNICIAN COMMENTS:** .....

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## Re-Consenting To A Semi-Permanent Make Up Procedure

To be completed by the client when returning for further work.

Clients Name: .....

I confirm that I have re-read my original consent and state that my medical history has not changed since I completed my original form.

Signed: ..... Date: .....

Or

I confirm that I have re-read my original consent and I have the following changes to make to my medical history:

Signed: ..... Date: .....

Please list below any points raised or discussed:

**I GIVE MY CONSENT FOR FURTHER MICROPIGMENTATION WORK TO BE CARRIED OUT, WHICH AGAIN IS UNDERTAKEN AT MY REQUEST AND IN FULL UNDERSTANDING OF ALL POINTS LISTED AND UNDERSTOOD.**

Signed: ..... Date: .....

DATE	PROCEDURE	COLOURS USED	NEEDLES USED	ANAESTHETIC USED	TOLERANCE LEVEL	PHOTOGRAPHIC EVIDENCE

TECHNICIAN COMMENTS: .....

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