



## Doctor's consent for Permanent makeup procedure

Client's name: \_\_\_\_\_

Client's address: \_\_\_\_\_

Client's phone number: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Doctor's office address: \_\_\_\_\_

I, \_\_\_\_\_ consent to have a permanent makeup procedure performed for the above referenced client.

\_\_\_\_\_

Doctor's Signature

Date

### Disclaimer:

Any medical conditions that can affect the healing process and/or make the blood thinner will have to have a doctor's note before a microblading service can be performed.

Conditions such as diabetes, cancer, autoimmune disease, or hemophilia, also if the client is undergoing chemotherapy, allergic to lidocaine, or on blood thinners or any other medications will require a doctor's note.

Diabetes Type 1 and 2, high blood pressure, auto-immune disease, thyroid / Graves' disease Any other medical condition that causes slow healing or a high risk of infection.