**HAIR COLOUR SKIN PATCH TEST**

**COLOUR CONSENT AND WAIVER**

**(MUST BE AGREED & SIGNED BEOFRE ALL COLOURS)**

**DATE:**

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| **SALON NAME:** |
| **SALON ADDRESS:** |



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| **CUSTOMER NAME:** |
| **CUSTOMER ADDRESS:** |

**I ACCEPT A PATCH TEST: YES/NO**

**I REFUSE A PATCH TEST: YES/NO**

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| --- |
| **CUSTOMER NAME:** |

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| **CUSTOMER SIGNATURE: DATE:** |

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| **PATCH TEST RESULTS:** |

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| --- |
| **WHITNESSED: DATE:** |