

# AVAILON

## Procedure Form

Clients Name: \_\_\_\_\_ Procedure: \_\_\_\_\_

Colour Used: \_\_\_\_\_ Needle Used: \_\_\_\_\_

Technician Feedback:

### Client Feedback

- You confirm that you have been shown all items used were sterilised or disposable and still in relevant hygiene packaging.
- You confirm that you have followed all correct pre procedure care.
- You confirm that you have received the relevant post care procedure advice.
- You understand that you may require a retouch procedure within 1-3 months of the initial treatment, that you chose and were happy with pigment colour and shape of tattoo prior to treatment starting and that the colour is initially 30-50% darker than the actual end result for at least 4-8 weeks.
- You agree to having photos of the procedure stored for our records or used for portfolio purposes.

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

Please write a brief review/feedback of your treatment for our records: i.e. How you felt during the procedure, your expectations and how you feel after your treatment.