

INKD ICONIC IMAGE

PIGMENTATION DATES

3D Nipple and Areola Restoration _____

Scalp Micropigmentation _____

Semi- Permanent Make up _____

CLIENT FORM

DATE: _____ CONSULTATION DATE: _____

NAME: _____ D.O.B _____

ADDRESS: _____ PHONE: _____

EMAIL: _____

SURGERY DATES: _____

SURGEON(s): _____

TYPE OF SURGERY(s): _____

RESULTS: _____

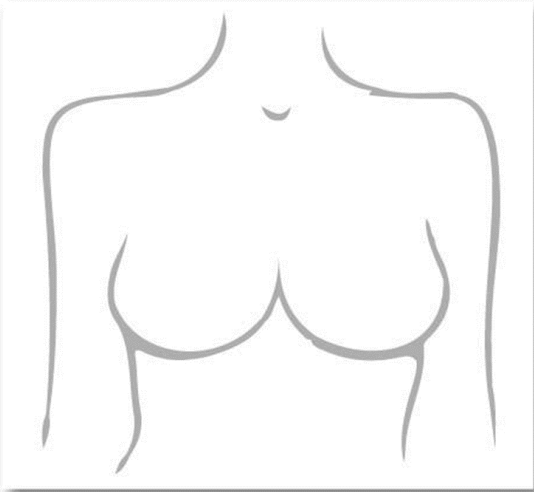
RADIATION DAMAGE: Y /N AREA: _____

LYMPH REMOVAL Y / N AREA: _____

SPECIAL CONDITIONS: _____

FUTURE PROCEDURES: Y/ N DATE: _____

NOTES:



**PLEASE ARRIVE TO YOUR SESSION WITH SKIN CLEAN AND FREE OF LOTIONS ETC.
WEAR COMFORTABLE CLOTHING THAT ALLOWS PROPER ACCESS TO AREA.
BRING AND OVERSIZED CUP BRA PREFERRABLY COTTON FOR POST PROCEDURE.**

