

Tretinoin Release Form

I, (Print Name) _____,

herby certify that to my knowledge, I have not taken the medication Tretinoin or any of the Generic equivalents to the medication Tretinoin within the last 12 months.

I understand that if I have taken Tretinoin or any of it's Generic equivalents within the last 12 months, _____ cannot and will not perform the Microblading Procedures and will reschedule my Microblading Procedure to a date and time after this 12 month period.

Medical clearance from a Physician is Mandatory.

Clients Full (Printed) Name: _____

Client's Signature: _____ Date: _____

Practitioner's Signature: _____ Date: _____