



HAMMAM ALMANZOR

MASSAGE & BEAUTY CENTER



IDENTIFICATION DATA:

Establishment: "HAMMAM ALMANZOR, MASSAGE & BEAUTY CENTER"
Company: Rabha Zidine. NIF: Y2125192Y Phone: 0034 625 446 175
C/Acebucho, 7-Local 1 C.P. 29650 Mijas-Costa (Málaga).

Applicator: Rabha Zidine with NIE: Y2125192Y

CONSENT TO THE REALIZATION OF MICROBLADING

1. I,..... of legal age, with identity card /passport.
n°....., date of birth,.....
Address in
C.P..... City..... and phone, as client *or (fill in the event that appropriate) as the legal representative of the minor client / disabled....., with identity card./*
Passport N°....., date of birth....., residing..... C.P..... Phone....., in full use of my faculties, freely and voluntarily, accept / authorize the accomplishment of the treatment of microblading, as well as the previous Protocol of the treatment of microblading: (visage (design), test sensitivity, choice of color and photographs).
2. The area chosen for the treatment of microblading is.....
3. I am informed that they will use products and disposable accessories, which after the test's sensitivity and/or treatment, will be disposed in my presence.
4. I have been tested for sensitivity (allergic test) with authorized pigments.
5. The area of application for performing the test is.....
6. Technical specialist has made me a test of visage (design) that I have seen, taking into account my morphologic and personal characteristics, being the form and design position of my liking.
7. Before treatment they have taken a picture of the area and another of the design.
8. I have previously selected the color, intensity and form of the design and I have agreed the same with technical specialist.
9. It was informed to me in writing and orally the contraindications and risks for health. I certify that I am suitable for the treatment, assuming as own risks if in not following the instructions that they are giving to me. I have received the recommendations and instructions to be followed before, during, and after treatment and I commit to follow them without needing control by the specialist. (I sign the instruction sheet attached). I am advised to consult the doctor whenever I need.
10. I have been informed that the total budget of the treatment is of (..... €).
..... €, which includes the sensitivity test, the treatment and the first retouching, which I have to make it mandatory between 30 and 60 days to the treatment session.

