

◆ **Client Procedure Report 3D /Areola Tattoo** ◆

Name _____ Phone _____

How would you like your nipple/areola to look: _____

Stop here.

Application notes:

Bilateral ___ Unilateral ___ R L Radiation _____ Nipple _____

Time Start: _____ Time End: _____ Fee: _____ Next appointment _____

Needles: _____

Color Areola _____

Color Nipple _____

Discomfort level and anesthetic: _____

Notes: _____

My tattoo needles were in sterile, unopened packages. Initial: _____

Client comments: _____

Client signature

Date

Technician signature

Date