



260 Western Avenue, Suite 207, South Portland, Maine 04106
207-800-5909
info@cosmed.ink

Permanent Record

Date: _____

Family Name: _____

First Name: _____

Mailing Address: _____

Telephone: _____

Email: _____

Birthdate: _____

Type of Procedure: _____

Pigment(s): _____

Topical Anesthetics: _____

Medical Profile

- Medical Conditions & Diseases
- Current/Recent Prescriptions
- Physician Contact Information
- Additional Skin Treatments Received
- Jaundice

- Hepatitis
- Herpes
- High Blood pressure/Anticoagulant
- Ocular/Evolutionary Pathology
- Psoriasis/Vitiligo
- Chemotherapy/Radiotherapy/
- Alcohol/Tobacco in the past 2 weeks
- Fillers/Laser/Peeling or AHA in the last month
- Aspirin/Steroids/Anti-inflammatories/Ibuprofen
- Vitamins
- Pregnant or Nursing
- Permission for Photography/Videography

Emergency Contact

Name: _____

Telephone number: _____

Relationship: _____

Who may we thank for referring you? _____