## Cosmetic Product Allergy Patch Test Record

Client Name			
Date of Test			
Contact Number	-		
Product Name			
Batch Number (if applicable)			
Area & Method of Application			
Start Time			
End Time			
Observations (eg. Redness, Itching, Swelling)			
Client Signature			
Oilent Signature			
Staff Signature			
Stati Signature			
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Date	Observation Time	Reaction Noted	Notes