

TOPICAL ANAESTHESIA

DATE _____	CLIENT REF _____
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Patch Test - Client Record

Client Name Date of Patch Test Practitioner name

Tutor Name Centre

PATCH NUMBER	BRAND & FORMULATION NAME		IMMEDIATE SKIN REACTION	REACTION AFTER 24 – 48 HOURS	CLIENT INITIAL	PRACT. INITIAL
1	LMX4 CREAM	4% LIDOCAINE				
2	EMLA CREAM	4% LIDOCAINE				
OTHER						

DECLARATION

I confirm that the patch test results recorded on this chart are a true reflection of the skin reactions I experienced both immediately following the test and after 24 – 48 hours. I also confirm that I experienced no tingling or numbing of the lips, tongue or within the mouth, no tightening of my windpipe or difficulty breathing and no dizziness, nausea or vomiting.

SIGNED PRINT NAME DATE