

Haylo Healing Arts Lounge

Date: _____

Phone: _____

Name: _____

Email: _____

Birthdate: _____

Is this a mastectomy art project? If so please fill out the Mastectomy Vision Form

~ Our mission is to Connect you to the best Artist for your particular Vision ~

Day Preference (Tues-Sat): _____

Please provide a brief description of what this tattoo is all about and any subject matter you have in mind: _____

Placement: _____

Is this a Cover-Up/Rework? Please include photo of what you'd like to cover.

Color Scheme: _____

If so, what kind of cover-up is it? Please choose below.

Size in Inches: _____

Tattoo Rework

Tattoo Cover-Up

Style: _____

Scar Cover-Up

Skin Conditions: Good Skin is a great canvas. Scar tissue, keloiding, sunburn/excessive tanning, other health issues or skin conditions such as diabetes, psoriasis, eczema, skin allergies as well as use of blood thinners, chemotherapy and especially radiation may affect your healing process.

PLEASE NOTE if any of the above-mentioned concerns apply

Any more details you want to share?