

Doctor Consent Form

(Only to be completed on technician request)



For the attention of Doctor

Dear Sir/Madam

Your patient contacted me with a view to receiving a semi-permanent cosmetic procedure.

Semi-permanent cosmetics are an advanced form of tattooing in which pigment is implanted into the dermis of the skin using needles. A fully qualified technician will carry out the treatment.

As my client has indicated a medical condition during pre-procedure consultation, it would be preferable that you consider the implications and give your consent for the treatment.

If you feel that the procedure would have no detrimental effects on the health of your patient, could you please complete the details below?

Surgery Name _____

Address _____

Doctor's Name _____

I understand that _____ (patient's name) is to receive semi-permanent cosmetics which is a form of tattooing. I have considered my patient's medical condition and feel that this procedure will have no detrimental effect to her health.

Signature _____

Date _____