

Doctor's Consent Form

For The Attention of Doctor _____

Dear Sir, your patient _____

has contacted me with a view to receiving a cosmetic tattoo. The process involves implanting pigment into the dermal layer of the skin where it remains for a number of years.

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 to him / her receiving the procedure.

If you feel that the procedure would have no detrimental effect to the health of your patient, please complete the details below.

Doctor's Name _____

Surgery Name _____

Address _____

I understand that (patient's name) _____

is to receive a cosmetic tattoo. I have considered my patient's medical condition and feel that this procedure will have no detrimental effect to his/ her health.

Signed _____ Date _____