Dear Sir/Madam,

Your patient has requested a tattoo in terms of the above Legislation.

A tattoo is a process in which a colouring material is inserted into the skin and designed to leave a permanent or semi-permanent mark and includes micropigmentation and microblading.

The Client has indicated a pre-existing medical condition during the consultation process. If you consider the process will have no adverse affects on your patient’s condition and there will be no adverse affects on any medication being taken by your patient could you please complete the form below.

I have considered the patient’s condition and medication and feel that the procedure will have no adverse affects on his/her condition.

______________________________
Doctors Name (Block Capitals)  
______________________________
Signature
______________________________
Date

Notes/Comment

Surgery Details (Name and Address)