



Dear Sir or Madam,

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. Please be aware that treatments are performed in a professional and sanitary environment. Every precaution has been taken to ensure no cross contamination of blood born pathogens. All needles and dressings are sterile and single use only and disposed of responsibly after every treatment. To minimise the risk of infection post procedure, all client's are given clear written instructions on how to care for the procedure site post 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 to them receiving the procedure.

If you feel that the procedure would not compromise the health of your patient, please consent to the treatment being performed below.

Doctor's Name :

Surgery Name :

Address:

I have considered my patient's medical condition and feel that this procedure will have no detrimental effect on his/ her health.

Doctor's Signature :

Date :