



# Micropigmentation and Aesthetics

## 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: \_\_\_\_\_

## Confirmation Of High Blood Pressure

I, \_\_\_\_\_ acknowledge that I am regularly visiting my doctor regarding my high blood pressure and this is controlled by medication.

I do not have any of the following medical health conditions relating to high blood pressure.

	Yes	No
Stroke		
Structural heart problems		
Diabetes		
Angina or previous Myocardial Infarction (Heart Attack)		
Chronic kidney disease		
Ischemic heart disease (IHD) or Myocardial Ischaemia		

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

A Doctors Consent is needed if you answer YES to any of the above questions.