

Physician Acknowledgement Form

To be filled out by client

Client's name _____

Street Address _____

City _____ State _____ Zipcode _____

Client's telephone # _____ Date of birth _____

Placement of tattoo _____

Condition which may affect healing of the tattoo _____

I have read all aftercare instructions associated with this tattoo and have had the opportunity to ask all questions associated with this piercing. I understand that infection is always a risk and allergic reactions to the inks used in the tattoo procedure and the above listed condition may further increase my chance of infection or complications during the healing process.

Client's signature _____ date _____

To be filled out by Physician

Physician Name _____ Street Address _____

City _____ State _____ Zipcode _____

Physician's telephone # _____ Hours to be reached _____

I, the physician of the above patient, understand that the patient intends to have a tattoo performed at **ELITE INK TATTOOS**. As the patient's physician I am aware of the above listed condition and am willing to treat the patient should any complications arise from the aforementioned condition.

My willingness to treat the patient, should a problem arise, is in no way an endorsement of the practice of the art of tattooing.

Physician's Signature _____ Date _____