



**Physician Acknowledgement form**

**To be filled out by client**

Client Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Location of tattoo or body piercing to be performed  
\_\_\_\_\_

Condition which may affect healing of tattoo or  
body piercing \_\_\_\_\_

I have read all aftercare instructions associated with this tattoo or piercing and have had the opportunity to ask all questions associated with this tattoo or body piercing. I understand that infection is always a risk associated with a tattoo or body piercing, and the above condition may further increase my chance of infection or complications during the healing process. I understand that I can only be tattooed or pierced if I am not contagious and putting my artist/piercer at risk. I release all liability from Outer Limits Tattoo and Body Piercing/ Ink Expressions should any complications arise.

Client Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**To be filled out by physician**

Physician's name Name \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

I, the physician of the above patient, understand that the patient intends to have a tattoo or body piercing performed at Outer Limits Tattoo and Body piercing. As a 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. In my expert opinion, my patient can safely undergo this tattoo or body piercing and have a successful healing process. I do not believe this tattoo or body piercing will not exacerbate the condition mentioned above. I am signing this form as the patient's physician because this client **is not contagious**, and will not put the artist/piercer at risk.

Physician Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_