



SIREN'S INK

Cosmetic Tattoos & Advanced
Medical Art

Medical Clearance

On the Client Form you completed, you identified that you have one or more of these medical factors:

- Seizures
- Heart Valves, Stents, Pacemakers, Rheumatic Fever
- Organ Transplant
- Joint Replacement
- Insulin Dependent Diabetes
- Fever Blister History (Note: Required for LIP BLUSH only)

which may impair your ability to undergo any permanent makeup procedure. For this reason, you need to have a physician complete this medical form and return it before you may proceed to your desired permanent makeup procedure at Siren's Ink Cosmetic Tattoos & Advanced Medical Art.

Please keep in mind that we want your experience at Siren's Ink to be as safe as possible. If the physician is aware of your medical history, he/she may be able to complete this form. Your physician needs to be made aware that you will be undergoing cosmetic tattooing (microneedling) on your face or other extremities. Sterile techniques will be used in a 2-4 hour procedure placing semi-permanent pigment underneath the skin. Post procedure infection, including but not limited to herpetic outbreaks (cold sores) are our primary concern.

I hereby give my permission to release any pertinent medical information from any medical records to the staff at Siren's Ink Cosmetic Tattoos & Advanced Medical Art. All information will remain confidential.

Patient's Name _____ Date _____

Patient's Signature _____

Physician's Name _____ Phone _____

Address _____

Physician Use Only

Please check one of the following statements:

- I approve my patient's participation with no restrictions.
- I approve my patient's participation in cosmetic tattooing and I am prescribing the following antibiotic or antiviral prophylaxis:

- I do not approve my patient's participation in cosmetic tattooing.
Reason: _____

Physician's Name _____

Physician's Signature _____ Date _____

Please return to Siren's Ink Cosmetic Tattoos & Advanced Medical Art prior to your appointment.