

BLACK BLOOM STUDIO

Physician Clearance for Cosmetic Tattoo Procedures

PATIENT INFORMATION

Patient Name: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Requested Procedure:

Brow Tattoo Lip Blush Eyeliner

Areola Restoration Scar Camouflage

Tiny Tattoo Other: _____

MEDICAL PROVIDER INFORMATION

Physician Name: _____

Credentials: _____

Practice/Clinic Name: _____

Office Address: _____

Office Phone Number: _____

Office Fax Number: _____

MEDICAL HISTORY

Please list all diagnoses, medical conditions, or health concerns relevant to healing, bleeding, immune function, infection risk, or cosmetic tattoo procedures.

Current Medications:

SURGICAL HISTORY

Has the patient undergone any major surgeries within the last 12 months?

No Yes

If yes, please describe:

IMMUNE SYSTEM / HEALING CONSIDERATIONS

Does the patient have any condition that may affect:

- Immune function? No Yes
- Wound healing? No Yes
- Pigment retention? No Yes
- Bleeding or clotting? No Yes
- Risk of infection? No Yes

History of recurrent skin infections, MRSA, staph infections, or wound-healing complications?
 No Yes

If yes to any of the above, please explain:

PHYSICIAN ASSESSMENT

Based on my review of this patient's medical history and current health status, I am aware that the patient wishes to undergo a cosmetic tattoo procedure.

- No known medical contraindications exist.
- Patient may proceed with caution.
- Additional precautions are recommended.
- Cosmetic tattooing is not recommended at this time.

Recommended precautions:

PROVIDER CERTIFICATION

I certify that I have reviewed this patient's medical history and understand they are requesting a cosmetic tattoo procedure.

Physician Signature: _____

Printed Name: _____

Date: _____

PATIENT AUTHORIZATION

I authorize Black Bloom Studio to contact the above medical provider solely for the purpose of verifying the authenticity of this completed form.

Patient Signature: _____

Date: _____

IMPORTANT NOTICE

Completion of this form does not guarantee approval for treatment. Black Bloom Studio reserves the right to decline services if the procedure is determined to present an elevated risk or an unpredictable outcome.

INFORMATION FOR PATIENTS SEEKING MEDICAL CLEARANCE

Certain medical conditions and medications may increase the risk of bleeding, infection, delayed healing, poor pigment retention, medication interactions, or unpredictable cosmetic tattoo results.

Examples include but are not limited to:

- Autoimmune disorders
- Immune suppression
- Organ transplant history
- Cancer treatment
- Chemotherapy or radiation therapy
- Diabetes
- Thyroid disorders
- Bleeding or clotting disorders
- History of keloid scarring
- Recent surgery
- Chronic infections
- Steroid medications
- Blood thinners
- Biologic medications
- Prescription retinoids
- Pregnancy or breastfeeding
- Uncontrolled medical conditions

Please notify Black Bloom Studio of any changes to your medical history, medications, surgeries, or health conditions before your appointment. Physician clearance may be required before treatment can be performed.