



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
PATRON CONSENT

OFFICE OF TATTOOING, BODY PIERCING AND BRANDING
3605 MISSOURI BOULEVARD
PO BOX 1335
JEFFERSON CITY, MO 65102-1335
TELEPHONE: (573) 526-8288
FAX: (573) 526-3489

SECTION I. PATRON'S INFORMATION

PATRON'S NAME (FIRST, MIDDLE, LAST) If patron is under the age of eighteen (18) parent or legal guardian's name shall also be provided.		PATRON'S DATE OF BIRTH
PATRON'S ADDRESS (STREET, CITY, STATE, ZIP CODE)		PATRON'S RESIDENCE PHONE NUMBER
PATRON'S DRIVER LICENSE NUMBER/IF UNDER AGE OF EIGHTEEN, DRIVER'S LICENSE NUMBER OF PARENT OR LEGAL GUARDIAN.		
PATRON'S DRIVER LICENSE NUMBER	PARENT OR LEGAL GUARDIAN'S DRIVER LICENSE NUMBER	

PROCEDURE(S) TO BE PERFORMED (CHECK ALL THAT APPLY)

☐ TATTOO ☐ BODY PIERCING (PART OF BODY TO BE PIERCED _____) ☐ BRAND

SECTION II. MEDICAL/HEALTH ASSESSMENT – QUESTIONS ARE TO BE ANSWERED BY THE PATRON.

	YES	NO
Are you currently or have you ever used medications that contain a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been diagnosed by a medical doctor as to having contracted communicable disease such as Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and/or other blood borne pathogens? If so, when?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been diagnosed by a medical doctor as having allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Have you recently been diagnosed by a medical doctor as to having a disease that could affect the healing process, including diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently under the influence of any illegal substances?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently under the influence of an alcoholic beverage?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been diagnosed with jaundice within the past twelve months?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently using any medications that contain blood thinners?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently using any medications that weaken the immune system that fights infections?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III. TO BE COMPLETED BY PATRON

I, _____, acknowledge that I am aware certain medical conditions and treatments and/or medications used to treat those medical conditions may be adversely impacted by the procedure(s) of tattooing and/or body piercing and/or branding. Such medical conditions include but are not limited to, impaired kidney and/or liver function, diabetes, jaundice, medication containing blood thinners and medications that weaken the immune system.

I further acknowledge that the tattoo and/or brand should be considered permanent; that said tattoo and/or brand can only be removed with a surgical procedure; and that any effective removal may leave permanent scarring and disfigurement.

I have read this form and confirm that all the information I have given is correct. I understand that this is a consent form and I agree to be legally bound by it.

SIGNATURE OF PATRON	DATE
SIGNATURE OF PARENT/LEGAL GUARDIAN (IF PATRON IS UNDER THE AGE OF EIGHTEEN)	DATE

SECTION IV. TO BE COMPLETED BY PRACTITIONER

I, _____, have reviewed this consent form and have advised the above named patron both in writing and verbally of the dangers and contradictions of the procedure that is to be performed.

SIGNATURE OF PRACTITIONER	LICENSE NUMBER	DATE
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