

CLIENT RECORD

LAST NAME: _____ FIRST NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____

PRACTITIONER PERFORMING PROCEDURE: _____

LOCATION ON BODY: _____ EQUIPMENT / MANUFACTURER LOT NUMBERS:
_____; _____; _____; _____

DESCRIPTION OF PROCEDURE:

I ACCEPT THIS DESIGN/PROCEDURE

CLIENT SIGNATURE: _____ DATE: _____

ID

ID
