

PHYSICIAN PRESCRIPTION / CLEARANCE LETTER

Re: Authorization for Topical Anesthetic Use During Tattoo Procedure

Patient Name:	
Patient DOB:	
Date:	
Physician name:	
Physician license:	
Practice Name:	

To Whom It May Concern,

I authorize the use of a topical anesthetic during a tattoo procedure.

Approved Formulation & Limits:

Up to 5% Lidocaine

Up to 2% Tetracaine

Other: _____

Application Instructions:

Apply up to 2 grams of the approved topical anesthetic to the procedure site.

Occlude for approximately 1 minute, or as clinically appropriate.

Remove fully prior to beginning or continuing the tattoo procedure.

Other instructions: _____

Signature: _____

Date: _____