

GP Consent to Treatment Form

Dear Doctor,

I write in regards to – (Name of client)

DOB/ /

I have been asked by the above client to perform treatment on him/her in my clinic on / /

Clinic address

Please confirm that you are happy for the treatment to go ahead by signing below.

GP name (print)

GP signature

Date / /

Information about the treatment:

(List any products or ingredients used in the above treatment in the space provided below. This information will assist the doctor in making an informed decision regarding the above client's suitability for treatment) –