THE SKIN NURSE

SKIN CHECK CONFIRMATION

Pre-Treatment Clearance – Cosmetic Laser Procedures (WA)

Dear Doctor,

Your patient is considering cosmetic laser treatment at **The Skin Nurse**. In line with Western Australian Radiological Council requirements for cosmetic laser procedures, clients must undergo a skin check performed by a registered Medical Practitioner or Nurse Practitioner prior to treatment.

We kindly ask that you confirm:

	Yes / No
A comprehensive skin examination has been conducted?	
No suspicious lesions or clinically significant abnormalities were identified in the intended treatment area/s?	

This confirmation relates only to completion of a skin check. It does not request approval or endorsement of the proposed cosmetic treatment. You are welcome to complete the section below or provide confirmation on your practice letterhead.

Should you require any additional information, please contact our clinic directly.

Kind regards,
The Skin Nurse
0491 061 399

Practitioner Certification

Date of Skin Check:	**Practitioner Name:**
Practice Name:	**Provider Number (if applicable):**
Patient Full Name:	**Patient DOB:**
Practice / Provider Stamp:	

I confirm that I have performed a skin check on the above named patient and, at the time of assessment, no suspicious or abnormal findings were identified in the relevant treatment area(s).

Signature: _____