Creating a State of Health

PROTECTIVE HEALTH SERVICES

Oklahoma State Department of Health
Protective Health Services
Consumer Protection
PO Box 268815; OKC, OK 73126-8815
Telephone: (405) 271-5779
FAX: (405) 271-5286

MEDICAL MICROPIGMENTATION SUPERVISING PHYSICIAN CHANGE FORM

(Please email, fax or mail any changes of supervising physicians to include: change in address; job change/removal of; new supervisor physicians)

Physician #1 ☐ **Add as New/Additional** ☐ **Remove/Deactivate** ☐ **Address Change**

Physician Name: _____ Phone #: _____

Licensing Board: _____ Licensure #: _____

Physical Address: _____
Street Address City State Zip

Physician Signature: _____

Physician #2 ☐ **Add as New/Additional** ☐ **Remove/Deactivate** ☐ **Address Change**

Physician Name: _____ Phone #: _____

Licensing Board: _____ Licensure #: _____

Physical Address: _____
Street Address City State Zip

Physician Signature: _____

Physician #3 ☐ **Add as New/Additional** ☐ **Remove/Deactivate** ☐ **Address Change**

Physician Name: _____ Phone #: _____

Licensing Board: _____ Licensure #: _____

Physical Address: _____
Street Address City State Zip

Physician Signature: _____

Physician #4 ☐ **Add as New/Additional** ☐ **Remove/Deactivate** ☐ **Address Change**

Physician Name: _____ Phone #: _____

Licensing Board: _____ Licensure #: _____

Physical Address: _____
Street Address City State Zip

Physician Signature: _____

Licensee Name: _____ **License#:** _____

Email Address: _____

Signature: _____ **Date:** _____

An Oklahoma Certified Micropigmentologist shall provide the Oklahoma State Department of Health, Consumer Protection Division, as specified in OAC 310:234-9.1.1, with the name, address, phone number and licensure number of each of their supervising physicians; specifically identifying the Oklahoma State Board of Medical Licensure & Supervision, the Oklahoma State Board of Osteopathic Examiners and/or the Oklahoma State Board of Dentistry as the supervising physician's licensing authority.