

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	Remove/Deactivate	
Physician Name:		Phone #:
Licensing Board:		Licensure #:
Physical Address: Street Address	City	State Zip
		State Zip
Physician Signature:		
Physician #3 Add as New/Additional	Remove/Deactivate	
Physician Name:		Phone #:
Licensing Board:		Licensure #:
Physical Address: Street Address	City	State Zip
Physician Signature:	•	•
Physician #4	Remove/Deactivate	_
Physician Name:		Phone #:
Licensing Board:		Licensure #:
Physical Address:		
		State Zip
Physician Signature:		
Licensee Name:		License#:
Email Address:		
Signature:		Date:
An Oklahoma Certified Micropigmentologist shall provide as specified in OAC 310:234-9.1.1, with the name, add		

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.