

## Oklahoma State Department of Health Consumer Health Service

PO Box 268815, Oklahoma City, OK 73126-8815 p. (405) 426-8250 f. (405) 900-7557 CHSLicensing@health.ok.gov

## 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		<b>Address Change</b>
Physician Name:			Phone #:	
Licensing Board:			Licensure #:	
Physical Address:	Street Address	a:		
Physician Signatur	e:		State	Zip
	Add as New/Additional	☐ Remove/Deactivate		Address Change
Physician Name:			Phone #:	
Licensing Board:			Licensure #:	
Physical Address:	Street Address	ar:	G	7.
Physician Signatur	e:	City	State	Zip
	Add as New/Additional	Remove/Deactivate		<b>Address Change</b>
Physician Name:			Phone #:	
Licensing Board:			Licensure #:	: , <u></u>
Physical Address:	Street Address	City	State	Zip
Physician Signatur	e:	·		Ζір
Physician #4	Add as New/Additional	☐ Remove/Deactivate		Address Change
Physician Name:			Phone #:	
Licensing Board:			Licensure #:	
Physical Address:	Street Address	City	Ct-t-	7:
Physician Signatur	e:	City	State	Zip
Licensee Name:			License#: _	
<b>Email Address:</b>				
Signature:			<b>Date:</b>	

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.