

The Science of Pedicures – Dr. Robert Spalding  
PHYSICIAN MEDICAL ALERT FOR NAIL TECHNICIAN PERFORMING  
NAIL SALON SERVICES ON MY PATIENT

Patient's name and phone# \_\_\_\_\_

Patients Salon name and phone # \_\_\_\_\_

Patient's nail technician or cosmetologist name \_\_\_\_\_

I grant permission to provide services to my patient who is under my monitored health care with the following medical problem. Circled or otherwise written.

Minimal Neuropathy (Decreased sensation or distorted sensation in their hands or feet)

Minimal Circulation deficits or Vascular compromise

Controlled Diabetes

Ingrown nails without infection

Fungal nails

Cosmetic allergies or other allergies

Blood Borne illness contact hazard

Other medical problem or special instructions \_\_\_\_\_

**VERY IMPORTANT**

**If any injury or new medical problem is noticed or suspected injury occurs while performing your services on my patient you must immediately contact this office at \_\_\_\_\_ by phone or \_\_\_\_\_ by fax to report the nature of the problem and have the patient set up an immediate appointment. If you cannot reach my office immediately, direct the patient to the emergency room or clinic and notify our office what medical facility you referred them to. You must notify our office in either case either by phone or fax.**

**If an injury occurs, clean the wound with soap and water, swap with 70% alcohol, Betadine or an approved antiseptic by your State Board of Cosmetology and bandage the area with a sterile dressing.**

DR \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature Authorization