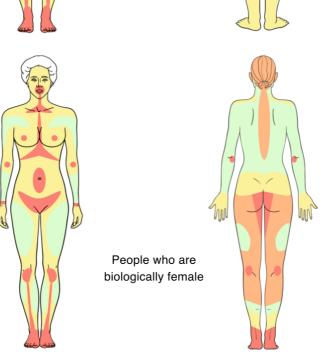
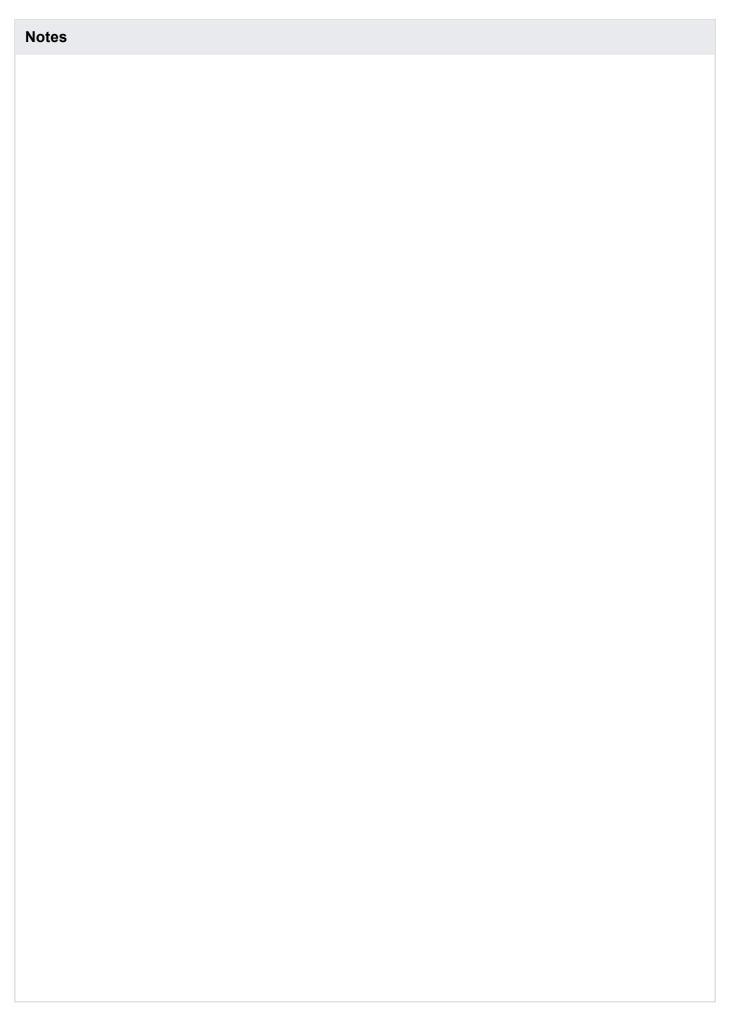
## **Tattoo Pain Chart**

rattoo i ani onart	
Patient name:	Date:
Patient's contact information:	
Physician's name:	
Physician's contact information:	
Relevant medical information (if needed)	:
	People who are biologically male



Least pain

Most pain



## Reference: