

Informed Consent for Laser Tattoo Removal

Customer's name: _____ Date: _____

I, _____ consent to and authorize _____ and members of his/her staff to perform multiple treatments, laser procedures and related services on me. The procedure planned uses laser technology for the removal of tattoos.

As a patient you have the right to be informed about your treatment so that you may make the decision whether to proceed for laser tattoo removal or decline after knowing the risks involved. This disclosure is to help to inform you prior to your consent for treatment about the risks, side effects and possible complications related to laser tattoo removal:

The following problems may occur with the tattoo removal system.

- 1. The possible risks of the procedure include but are not limited to** pain, purpura, swelling, redness, bruising, blistering, crusting/scab formation, ingrown hairs, infection, and unforeseen complications which can last up to many months, years or permanently.
- 2. There is a risk of scarring.** Scarring happens but is uncommon. Scarring can be permanent.
- 3. Short term effects may include reddening, mild burning, temporary bruising or blistering.** A brownish/red darkening of the skin (known as **hyperpigmentation**) or lightening of the skin (known as **hypopigmentation**) may occur at times up to 3-6 months, years or permanently following treatment. Loss of freckles or pigmented lesions can occur.
- 4. Textual changes in the skin can occur and can be permanent.**
- 2. Infection:** Although infection following treatment is unusual, bacterial, fungal and viral infections can occur. Herpes simplex virus infections around the mouth can occur following a treatment. This applies to both individuals with a past history of herpes simplex virus infections and individuals with no known history of herpes simplex virus infections in the mouth area. Should any type of skin infection occur, additional treatments or medical antibiotics may be necessary.
- 3. Bleeding:** Pinpoint bleeding is rare but can occur following treatment procedures. Should bleeding occur, additional treatment may be necessary.

4. **Allergic Reactions:** Upon dissemination, the pigments can induce a severe allergic reaction that can occur with each successive treatment. Noted in some patients are superficial erosions, bruising, blistering, milia, redness and swelling which can last up to many months, years or permanently.

5. I understand that exposure of my eyes to light could harm my vision. I must keep the eye protection goggles on at all times.

6. Compliance with the aftercare guidelines is crucial for healing, prevention of scarring, and hyper-pigmentation.

Occasionally, unforeseen mechanical problems may occur and your appointment will need to be rescheduled. We will make every effort to notify you prior to your arrival to the office. Please be understanding if we cause you any inconvenience.

ACKNOWLEDGMENT:

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release _____ (individual) and _____ (facility) and _____ (doctor) from all liabilities associated with the above indicated procedure.

Client/Guardian Signature _____ Date _____

Laser Technician Signature _____ Date _____