

# 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.**
- 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. This usually resolves in weeks, but it can take up to 3-6 months to heal. Permanent color change is a rare risk. Loss of freckles or pigmented lesions can occur.
- 4. Textual and/or color changes in the skin can occur and can be permanent.** Many of the cosmetic tattoos and body tattoos are made with iron oxide pigments. Iron oxide can turn red-brown or black. Titanium oxide and other pigments may also turn black. This black or dark color may be un-removable. Because of the immediate whitening of the exposed treated area by the laser, there can be a temporary obscuring of ink, which can make it difficult or impossible to notice a specific color change from the tattoo removal process.
- 5. 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.
- 6. Bleeding:** Pinpoint bleeding is rare but can occur following treatment procedures. Should bleeding occur, additional treatment may be necessary.
- 7. Allergic Reactions:** There have been reports of hypersensitivity to the various tattoo pigments during the tattoo removal process especially if the tattoo pigment contained Mercury, cobalt or chromium. 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.
- 8. Compliance with the aftercare guidelines is crucial for healing, prevention of scarring, and hyper-pigmentation.** Aftercare guidelines include avoiding the sun for 2 months after the procedure. If it is necessary to be in the sun, a sunscreen with SPF 25 or greater must be used.
- 9. I understand that multiple treatments will be necessary to achieve desired results. No guarantee, warranty or assurance has been made to me as to the results that may be obtained. Complete tattoo removal is not always possible as tattoos were meant to be permanent.**

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) from all liabilities associated with the above indicated procedure.

**Client/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Laser Technician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Consent for Subsequent Treatment SHR/IPL/Laser

I certify that I have not been tanning and that no changes to my medical history or medication have taken place since my previous treatment

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Printed name of signatory: \_\_\_\_\_

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## Consent for Subsequent Treatment

I certify that I have not been tanning and that no changes to my medical history or medication have taken place since my previous treatment

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Printed name of signatory: \_\_\_\_\_

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## Consent for Subsequent Treatment

I certify that I have not been tanning and that no changes to my medical history or medication have taken place since my previous treatment

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Printed name of signatory: \_\_\_\_\_

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## Consent for Subsequent Treatment

I certify that I have not been tanning and that no changes to my medical history or medication have taken place since my previous treatment

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Printed name of signatory: \_\_\_\_\_

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## Consent for Subsequent Treatment

I certify that I have not been tanning and that no changes to my medical history or medication have taken place since my previous treatment

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Printed name of signatory: \_\_\_\_\_

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## Consent for Subsequent Treatment

I certify that I have not been tanning and that no changes to my medical history or medication have taken place since my previous treatment

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Printed name of signatory: \_\_\_\_\_

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## Client Medical History Laser Tattoo Removal

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Sex: M / F  
City/Town: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_  
Allergies: \_\_\_\_\_

**Please put a check mark next to a past or current medical condition:**

### Medical History :

- |  |   |
|--|---|
| <input type="checkbox"/> Previous Tattoo Removal Allergic Reaction   | <input type="checkbox"/> Herpes simplex (Cold Sores)  |
| <input type="checkbox"/> Lupus or other auto-immune deficiency   | <input type="checkbox"/> Diabetes   |
| <input type="checkbox"/> Currently Pregnant  | <input type="checkbox"/> Epilepsy   |
| <input type="checkbox"/> Breast Feeding  | <input type="checkbox"/> Treatment with Ro-Accutane® in the last 6 months   |
| <input type="checkbox"/> Graves Disease(Hyperthyroidism) / Hashimotos Disease (Hypothyroidism) and/or Treatment with Thyroxine | <input type="checkbox"/> Dark spots after pregnancy or after skin injury  |
| <input type="checkbox"/> Bleeding abnormalities  | <input type="checkbox"/> Implants / Metal Plates/ or Pacemakers at site of Tattoo                                       |
| <input type="checkbox"/> Blood thinning medication   | <input type="checkbox"/> HIV  |
| <input type="checkbox"/> Keloid or very thick scarring   | <input type="checkbox"/> Hepatitis  |
| <input type="checkbox"/> Psoriasis or Vitiligo   | <input type="checkbox"/> Transplant Anti-Rejection Drugs  |
| <input type="checkbox"/> Current treatment for Pulmonary embolism/blood clot, Leg ulcers or Phlebitis                          | <input type="checkbox"/> If tattoo removal is on the face: Chemical Peels, Dermabrasion, Laser Resurfacing or Face Lift |
| <input type="checkbox"/> Rheumatoid Arthritis "Gold" Therapy   |   |
| <input type="checkbox"/> Acute or Chronic Renal Failure  |   |
| <input type="checkbox"/> Photodynamic Therapy (PDT) within last 3 months   |   |
| <input type="checkbox"/> Chemotherapy/Radiotherapy within last 3 months  |   |

Please list any other medications or herbal supplements that you are currently taking:-

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\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

# Skin Typing

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Please answer the following questions by circling the number which best describes you. We will total the score during the consultation.

**My ethnic origin is closest to:**  
(check one)

I. Very fair (Celtic and Scandinavian)	□
II. Fair-skinned Caucasians with light hair and light eyes	□
III. Pale-skinned Caucasians with dark hair and dark eyes	□
IV. Olive-skinned (Mediterranean, some Asian, some Hispanic)	□
V. Dark-skinned (Middle Eastern, Hispanic, Asians, some Africans)	□
VI. Very dark-skinned (African)	□

**My eye color is:**

Light blue	0
Blue/green	1
Green/gray/golden	2
Hazel/light brown	3
Brown	4

**My natural hair color at age 18 was:**

Red	0
Blonde	1
Light brown	2
Dark brown	3
Black	4

**The color of my skin that is not normally exposed to sun is:**

Pink to reddish	0
Very pale	1
Pale with a beige tint	2
Light brown	3
Medium to dark brown	4
Dark brown-black	6

**If I go out into the sun for an hour or so without sunscreen and have not been out in the sun for weeks, my skin will:**

Burn, blister and peel	0
Burn, then when the burn resolves there is little or no color change	1
Burn, but then turns to tan in a few days	2
Get pink, but then turns to tan quickly	3
Just tan	4
Just gets darker	5
My skin color is so dark I can't tell	6

**When was the last time the area to be treated was exposed to strong sunlight, tanning booths or artificial tanning cream?**

Longer than one month ago	0
Within the past month	1
Within the past two weeks	3
Within the past week	4

**Total Score:** \_\_\_\_\_

If your score is:	Your skin type is:	Notes:
0 - 3	I	
4 - 7	II	
8 - 11	III	
12 - 15	IV	
16 - 19	V	
20 - 24	VI	

# Tattoo Removal Aftercare Information

The following notes are important, please read them carefully.

- If the skin has not broken, a dry sterile dressing can be placed over the treated area to protect it.
- The area will become raised and feel hot, it can be cooled with the use of a cold compress or an ice pack. Do not apply ice directly to the skin as this can cause a burn.
- As long as the skin is unbroken cooling products such as Aloe Vera gel can be used to give relief to the sunburn type feeling of the treated area.
- A thin layer of an antiseptic cream can be used if your skin is broken to help protect from any infection.
- E45 cream, Aloe Vera gel or Vaseline can be used to relieve the itching which normally occurs 3 – 5 days after the treatment.
- Avoid direct exposure to the sun for 2 months after the procedure. If it is necessary to be in the sun, a sunscreen with SPF 25 or greater must be used.
- Some people develop blisters, crusts, or scabs within 8-72 hours, which may last for 1-2 weeks or more. The treated areas may be pink or pale after the scab separates. Blistering is common and is likely to occur 8 hours after your treatment. Do not be alarmed, blisters heal very well and are part of the normal healing process. Blisters indicate your immune system is healing the area and beginning to remove the ink from your tattoo. It is natural for blisters to pop, and this helps the skin to heal faster in many cases.
- Keep the treated area clean and dry while it is healing

## Whilst Healing

- Avoid restrictive clothing around the treated area.
- Avoid using perfume, body lotions, or make up on the treated area.
- Avoid hot baths or continuous soaking, leave at least 2 hours before showering.
- Avoid heat treatments such as saunas and steam rooms for at least 2 months, as your skin will be more photosensitive.
- Avoid swimming.
- Avoid lying in the sun or using sun beds.
- Do not pick at any scabs.
- Do not burst any blisters.
- Avoid allowing the area to become scrapped or knocked, especially during exercise.

I confirm I have read and understood the aftercare advice

Signed \_\_\_\_\_

Date \_\_\_\_\_