

TATTOO REMOVAL CONSENT

EVAULUATION: All tattoos are evaluated in terms of type of tattoo: home tattoo, permanent, makeup, professional tattoo, length of time tattoo has been present and obvious skin reaction or preexistence textural changes. Your initial consult will also help us to determine whether you are a good candidate for laser tattoo removal and whether you can expect any treatment-resistant areas, etc. Your tattoo will be photographed and measured and the operative protocol will be reviewed with you.

PROCEDURE: You will apply an anesthetic cream and cover with Saran Wrap for 2 hours prior to your surgery. Immediately prior to each laser treatment, your tattoo will be ice rolled with a very cold steel roller. This chilling helps protect the epidermis or upper layer of skin, from injury and also serves as a cryoanesthetic. Treatment times will vary depending on your tolerance to the laser, but can usually be accomplished very rapidly due to the speed of the laser.

POST TREATMENT CARE: Immediately after you tattoo laser session, your tattoo may become somewhat whitish and swollen with a red halo. This usually subsides with icing and application of a potent steroid within 30-360 minutes. You will then be instructed in home care of the tattoo, which will include the application of ointment and dry dressing. You may notice some pinpoint bleeding or crusting that resolves with gradual fading of the tattoo pigments over the next 6-8 weeks.

COMPLICATIONS: Complications are possible with any laser procedure. Complications can include crusting or blistering with eventual dyschromia, i.e. lightening or darkening of the skin, and, rarely textural changes or scarring. You may also have residual areas of ink that do not respond to treatment and require alternative therapies as outlined below. Finally, generalized allergic reaction can occur in sensitized individuals after lasering of certain ink colors.

CONTRAINICATION: History of previous gold therapy for arthritis.

I understand that no guarantees or warranties have been made to me regarding the outcome or any improvements of my condition due to this procedure. I have been given the opportunity to ask questions and have received satisfactory answers to those questions by the treating physician and staff.

I consent to the taking of photographs for the purpose of documentation during the course of my treatment. These photographs may be used in medical publications for the further benefit of educating other doctors and the general public. All attempts will be made to protect my identity.

Finally, I certify that I have read and fully understand the contents of this form and that the disclosures referred to above were made prior to my signing the form below.

I understand that multiple treatments, at my own expense, may be necessary.

Patient's signature

Date

Witness initials