Laser Tattoo Removal Consent Form

The purpose of this procedure is to remove unwanted tattoos.

What you need to know:

- The laser produces an intense burst of light that breaks up the ink in the tattoo. The ink is then naturally absorbed back into the body and discarded.
- The sensation of the laser pulse is uncomfortable. It is often described as a hot pinprick or a burst of heat that lasts for a few seconds.
- This procedure is not guaranteed and multiple treatments will be necessary to achieve maximum results. Complete clearing may not be possible. Treatment results vary from person to person.
- Permanent discoloration or scarring may occur.
- Your eyes will be closed and covered with protective eyewear.
- Redness, swelling and discomfort may temporarily develop at the treatment site. This should resolve within a few hours, but may sometimes last 2 to 3 days.
- Cool compresses may be applied for discomfort or bruising.
- Post-care instructions will be provided. Following these instructions will minimize the chance of incomplete healing, skin textural changes, or scaring.
- Sun exposure and tanning should be avoided for 2 weeks prior and 1 month post treatment. If unavoidable, sunblock is recommended for the treated area.

Potential risks and complications associated with this procedure include:

- Hyperpigmentation (darkening of the skin) and Hypopigmentation (lightening of the skin). Exposure to the sun, sunlamps, and not adhering to post-care instructions may increase the chance of developing these complications. **In some cases, these changes may be permanent.**
- Purpura (red/purple discolorations or bruising)
- Itching, swelling, possible hive-like reaction and lympedema (enlarged lymph nodes)
- Bleeding
- Infection
- Burns, blisters, cold sores, textural changes, scarring
- Discomfort

By signing this document, I confirm that I have read and understand all of the information presented to me. I have been allowed the opportunity to ask questions and have had them answered.

Print Name: ____________________________

Signature: ____________________________ Date: ____________________________