

Informed Consent for Laser Tattoo Removal

I, _____, consent to and authorize Elimination Station, LLC 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 laser tattoo removal process:

1. The possible risks of the procedure include but are not limited to pain, 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.
5. Infection: Although infection following treatment is unusual, bacterial, fungal, and viral infections can occur. 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. Please follow the basic after-care instructions to prevent the risk of infection.
7. Allergic Reactions: Upon dissemination, the pigments can induce a severe allergic reaction that can occur with each successive treatment. This may occur if you are allergic to the ink in your tattoo, or to the topical ointments (Neosporin or similar) applied after the laser procedure.
8. I understand that exposure of my eyes to light could harm my vision. I must keep the eye protection goggles on at all times.
9. Compliance with the aftercare guidelines is crucial for healing and the prevention of scarring and skin tone changes.

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. We occasionally may use photographs taken before or after treatments in order to assess, promote, train, or improve our services. These will be used anonymously and only include the treated area and not associated with any particular patient.

ACKNOWLEDGMENT:

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release Elimination Station LLC, its staff, and medical director from all liabilities associated with the above indicated procedure.

Client/Guardian Signature _____ Date: _____

Certified Laser Specialist _____ Date: _____