Name _____ DOB_____

Age of tattoo _____

Problems with tattoo other than cosmetic objection? Yes No

Patient experienced any adverse reactions to lasers in the past? Yes No

Patient pregnant at this time? Yes No

Patient had abnormal scarring in the past? Yes No

Patient on any medications that would cause hypersensitivity to the laser? Yes No

Patient allergic to any medications or other substances? Yes No

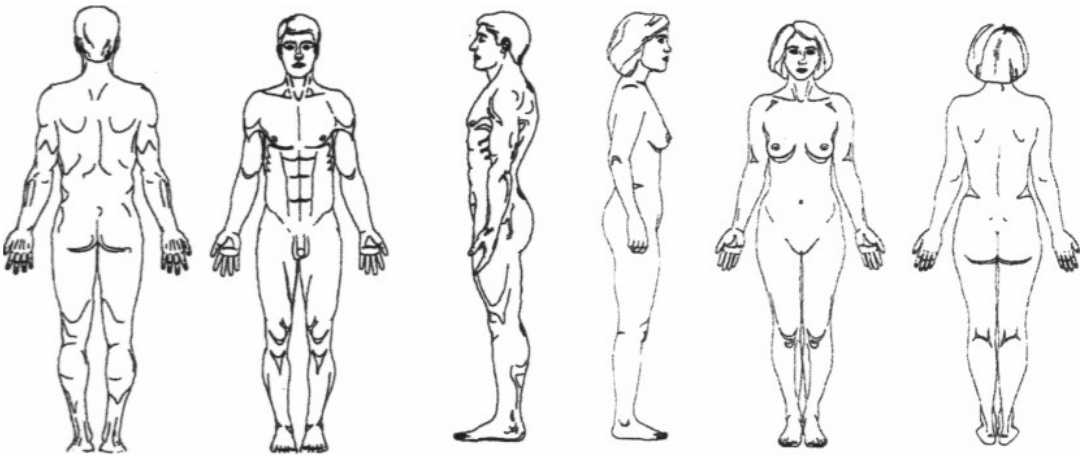
Patient presents with skin type _____

Skin appears to be intact with no erythema, edema, scarring, or lesions. Yes No

The skin has abnormal pigmentation secondary to tattoo pigment Yes No

Patient appears to be a good candidate for laser tattoo removal. Yes No

Notes:



Post TX: _____

Patient has/ has not been given “Tattoo Removal Aftercare Instructions” and will notify me if there are any non-emergent questions or concerns and will call 911 in case of an emergency.

RTC: 6 weeks 8 weeks 10 weeks