Tattoo removal consent

\_\_\_\_\_ I hereby authorize Cheeky Medspa to perform laser tattoo removal treatment on me at my request. I understand I may not experience complete clearance, and that it may take multiple treatments to see improvement. I understand that some tattoos may not respond at all and, in rare cases, may become darker. Furthermore, I understand that treatment may precipitate a number of potential skin changes, provided below for my review:

**Please initial beside each statement below:**

\_\_\_\_\_ DISCOMFORT – For tattoo removal treatments moderate to significant discomfort is expected. Most patients describe the discomfort as less than when the tattoo was applied. Some areas are more sensitive than others.

\_\_\_\_\_ PURPURA – The area may appear to be bruised after treatment. The bruising will typically fade in 5-7 days.

\_\_\_\_\_ BLISTERS/SCABS/CRUSTING – These may occur, in rare occasions blisters may be very severe, and usually will take between 4-10 days or more to heal. Within blisters, discoloration may also be seen which can be a result of mixed inflammatory fluid, ink particles, and even small amounts of blood product.

\_\_\_\_\_ PETECHIAE OR PINPOINT BLEEDING – Pinpoint bleeding or oozing may develop and can continue up to 2 days post-treatment.

\_\_\_\_\_ HYPER/HYPOPIGMENTATION – Skin can develop temporary lightening or darkening after laser treatment. Hyperpigmentation can be worsened with sun exposure. Hypopigmentation usually occurs after multiple treatments. Pigmentary issues typically resolve with time but can be permanent.

\_\_\_\_\_ TEXTURE CHANGES – Transient texture changes are often noted but usually resolve with time.

\_\_\_\_\_ EDEMA AND ERYTHEMA – Swelling and redness often occur, but will improve within 2-5 days and can be reduced with regular ice application and where applicable, limb elevation

\_\_\_\_\_ ALLERGIC REACTION – Patients who have had a prior allergic reaction to ink during tattoo application may have a similar reaction after laser treatment. Please inform us if you experienced any side effects when your tattoo was applied.

\_\_\_\_\_ INFECTON – Despite good wound care, pain, swelling, oozing, and fever can indicate the development of an infection. Topical and/or oral antibiotics may be necessary. If signs of infection develop, such as pain, heat, or surrounding redness, please call our office at 813-220-0171

\_\_\_\_\_ SCARRING – Scarring is a rare occurrence, but it is a possibility if the skin's surface is disrupted. To minimize the chances of scarring, it is important that patients follow all post-treatment instructions provided. Good post-treatment care can help reduce the possibility of scarring.

\_\_\_\_\_ INCOMPLETE TATTOO REMOVAL – Multiple treatments are required, and complete clearing is not always possible. Not all ink colors and compositions will respond to tattoo removal treatment.

\_\_\_\_\_ PARADOXICAL DARKENING OR COLOR CHANGE – Some tattoo inks, including many lighter and skin-tone inks, may darken or change color in response to treatment.

\_\_\_\_\_ “BLEEDING” OF INK INTO SURROUNDING SKIN – May result in smudging or loss of definition of a tattoo rather than removal.

\_\_\_\_\_ SUN EXPOSURE / TANNING BEDS / ARTIFICIAL TANNING - May increase risk of side effects and adverse events. Avoid and wear SPF.

\_\_\_\_\_ EYE EXPOSURE – Protective eyewear (shields) will be provided to you during the treatment. Failure to wear eye shields during the entire treatment may cause severe and permanent eye damage.

I acknowledge the following points have been discussed with me (please initial beside each point):

\_\_\_\_\_ Potential benefits of the proposed procedure, including the possibility that the procedure may not work for me

\_\_\_\_\_ Alternative treatment options, including the option of leaving the tattoo untreated

\_\_\_\_\_ Possible complications/risks involved with the proposed procedure and subsequent healing period

**For women of childbearing age:** By signing below I confirm that I am not pregnant and do not intend to become pregnant anytime during the course of treatment. Furthermore, I agree to keep Randi Hall and Cheeky Medspa staff informed should I become pregnant during the course of treatment.

ACKNOWLEDGMENT BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS INFORMED CONSENT FOR TATTOO REMOVAL AND THAT AND THAT I HAVE HAD ALL MY QUESTIONS ANSWERED TO MY SATISFACTION.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature-Patient or Guardian Print Name/Relationship Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider Signature Print Name Date