

Tattoo Removal Consent Form

Name: _____ Age: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ State: _____

E-mail: _____ Zip: _____ Phone #: _____

In case of emergency, whom should we contact? _____ Phone: _____

Medical History Have you ever had (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Current or recent pregnancy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Endocrine or hormone disorder |
| <input type="checkbox"/> Heart attack or chest pain | <input type="checkbox"/> HIV or AIDS |
| <input type="checkbox"/> Easy bleeding or bruising | <input type="checkbox"/> Eye conditions |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Heart pacemaker or defibrillator |
| <input type="checkbox"/> Delayed or abnormal wound healing | <input type="checkbox"/> Hepatitis |

List any active medical problems you have: _____

List any medications you currently take: _____

List any medication allergies you have: _____

Are you allergic to any metals?: _____

Are you allergic to latex? _____

Do you use any tobacco products?: _____

List any surgical operations you have had: _____

What is your ethnic background?: _____

Have you ever had (please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Chronic skin conditions | <input type="checkbox"/> Recent waxing or plucking |
| <input type="checkbox"/> Skin cancer | <input type="checkbox"/> Electrolysis or threading |
| <input type="checkbox"/> Laser skin resurfacing | <input type="checkbox"/> Keloid or hypertrophic scar |
| <input type="checkbox"/> Photosensitivity | <input type="checkbox"/> Tetracycline use for acne |
| <input type="checkbox"/> Herpes simplex or cold sores | <input type="checkbox"/> Chemical peel |
| <input type="checkbox"/> Accutane use for acne | <input type="checkbox"/> Pigmentation disorder |
| <input type="checkbox"/> Injection of collagen or other dermal filler | <input type="checkbox"/> Botox® injection |
| <input type="checkbox"/> Recent sunburn or tan (include tanning bed) | |

When exposed to the sun, do you usually:

- | | |
|--|---|
| <input type="checkbox"/> Always burn, never tan | <input type="checkbox"/> Never burn, always tan darkly |
| <input type="checkbox"/> Burn easily, tan poorly | <input type="checkbox"/> Rarely burn, tan darkly easily |
| <input type="checkbox"/> Tan after initial burn | <input type="checkbox"/> Burn minimally, tan easily |

Do you use sunscreen regularly?: yes or no

Do you use artificial or "sunless" tanning products?: _____

List any special skin care products you use: _____

Client Signature: _____ Date: _____

Parent or Guardian (if Patient is under 18 years of age): _____

1. Informed Consent: The purpose of this informed Consent is to help you decide whether laser tattoo removal (LTR) cosmetic procedure is right for you and to help you make an informed decision to undergo this procedure. This Informed Consent gives general information about LTR cosmetic procedures, explains other treatment options, and identifies the benefits, risks, side effects and possible complications associated with LTR procedures.

2. Laser Tattoo Removal Procedure: The laser that will be used has been cleared for distribution by the FDA for this use, and lasers like this one have been in clinical practice for years. The overall goal is to attempt removal of the tattoo, ink, mark, and lesions or to make the colors or decorative pattern as unrecognizable as possible by lighting the pigment pattern. The number of treatments varies between 6-12 and depends on skin color, ink color (green and yellow are least responsive), ink depth, size, and age of tattoo. Please inform us if your tattoo is older than 20 years old. While we strive for this outcome, and use the most advanced laser technology available to achieve an optimal result, this may not occur.

3. Alternative Procedures: Camouflaging with make-up, tattooing over with a second tattoo, abrasive treatments, CO2 laser removal, cutting out/excising the tattoo (with tissue expansion or skin grafting if needed), or no treatment at all.

4. Not good candidates: Generally you are not a good candidate for LTR procedures if:

- Pregnant or are trying to become pregnant
- Ink allergy
- Immune compromised condition
- Permanent Cosmetic Ink Permanent Make-Up

5. Risks and Complications:

- There is a risk of eye damage from lasers, which will be minimized by the wearing of protective goggles during laser use.
- Clinical end points will change throughout the course of treatment.
- Frosting (a white film) will appear on the skin only after the first treatment.
- Risk of patchy residual pigment, persistence of tattoo pattern, change or permanent lightening of skin color, change in skin texture or hair loss/thinning.
- Blistering and pinpoint bleeding may occur and is normal. You should elevate the treated area above the heart and minimize activity while the area is healing.
- Pain, discomfort, stinging, discoloration, redness, bruising, swelling, blistering and crusting are common, but infection is rare.
- Previous treatment by any other method may increase any or all of these risks. Scarring is a rare possibility.
- Irregular pigmentation and mild texture changes can occur as a result of laser treatment, but these changes usually return back to "normal" over a period of 6 months to 1 year after final treatment.
- After each treatment different amounts of fading will occur ranging from very little to significant amounts during the course of treatment.
- Despite our best efforts there remains the possibility that not all of the ink will be removed. Certain colors/certain types of ink may be more difficult to remove and many may appear darker before getting lighter.

6. Anesthetic Requirement: A topical numbing cream will be called into your local pharmacy. This should be applied approximately 1 hour before your scheduled sessions. There have been rare cases of lidocaine toxicity when used on very large treatment areas (full legs/back). For this reason, we strongly suggest coverage should not exceed the size larger than 2 hands and 90 minutes of placement. Most insurance plans will cover some, or all costs of prescribed medication, including the numbing cream. The cream is usually about \$50 if your insurance plan does not cover such costs, and in most cases would be enough supply for a - series of future treatments. Should you opt to have local anesthesia injected by our physician, this can be arranged but additional costs will apply to all injections and are subject to scheduling and physician availability.

7. Post Procedures Instructions: It is important that you comply with all post procedure instructions. Please call your doctor promptly if complications develop after the procedure. Laser-treated areas should not be exposed to sun or tanning beds. Not adhering to the post treatment skin care instructions may increase the risk of complications.

I acknowledge that:

- The information contained in this Informed Consent was explained to me using terms I could understand, and all my questions and concerns have been answered. After reviewing all the information provided to me about cosmetic procedures and reviewing my health status, I believe I am a good candidate for LTR procedure.
- I confirm my tattoo is no older than 20 years old.
- I understand that LTR is an elective procedure and hereby freely accept all possible risks, complications, side effects that may result from this procedure
- If there is a history of Lupus, Herpes simplex or light sensitivity, I will let my provider know and to take the necessary means to protect myself by taking medication or avoiding therapy as directed.
- It is my responsibility to follow the appropriate aftercare instructions as explained and written in the post care instructions that are given after treatment.
- No absolute guarantee of any kind has been made to me, by either the doctor or staff regarding the procedure, the number of procedures or its final outcome.
- I have discussed the Procedure, Alternative treatments, Risks for Laser Tattoo Removal and had the
- opportunity to ask questions with my doctor and/or staff members.
- The treatment will be performed by a certified technician.
- I agree to the photographing of my tattoo and procedure. We may use these photographs for scientific and/or illustrative purposes. I understand that I will not be identifiable in these photos (except for the nature of the tattoo itself
- This consent form is valid for all future laser tattoo removal treatments performed, and I will alert the staff if there are any future changes or my medical history, or if I become pregnant.

Patient Signature: _____ Date: _____

Provider Signature: _____ Date: _____

RESERVATION POLICY

Guest are expected to arrive at scheduled time or maximum 15 minutes after their scheduled appointment. If guest does not call or inform Regenerate Laser Medspa within 24 hours notice guest will be charged a fee.

As courtesy, we call the day before appointment to confirm and if unanswered we send a text message to the number on file. The system will also automatically inform you through provide email ensuring you are aware of the appointment.

- **TARDINESS AND NO SHOW POLICY**

Without notice and 24 hour heads up if a client fails to arrive they will be charged a **\$35 dollar fee**.

Without notice an a 24 hour heads up if a client fails to arrive on time and is later than the 15 minute time limit they will be charged a **\$25 dollar fee**

- **CANCELLATION POLICY**

We have reserved the time and space for you and require a 48 hour notice for a group package appointment cancellation/rescheduling and a 24 hour notice for all other appointments and services.

We understand things come up and emergencies happen. Communicate with us and we will ensure we do what's best for everyone involved. Thank you.

Se espera que los invitados lleguen a la hora programada o máximo 15 minutos después de su cita programada. Si el huésped no llama o informa a Regenerate Laser Medspa dentro de las 24 horas de anticipación, se le cobrará una tarifa.

Como cortesía, llamamos el día antes de la cita para confirmar y, si no responde, enviamos un mensaje de texto al número registrado. El sistema también le informará automáticamente a través de un correo electrónico para asegurarse de que esté al tanto de la cita.

- **POLÍTICA DE TARDANZAS Y NO PRESENTARSE**

Sin previo aviso y con 24 horas de anticipación, si un cliente no llega, se le cobrará una tarifa de **\$ 35 dólares**.

Sin previo aviso, con un aviso de 24 horas, si un cliente no llega a tiempo y llega más tarde del límite de tiempo de 15 minutos, se le cobrará una tarifa de **\$ 25 dólares**

- **POLÍTICA DE CANCELACIÓN**

Hemos reservado el tiempo y el espacio para usted y requerimos un aviso de 48 horas para la cancelación/reprogramación de una cita de paquete grupal y un aviso de 24 horas para todas las demás citas y servicios

BY SIGNING HERE YOU ACKNOWLEDGE AND UNDERSTAND OUR POLICY AND ARE AGREEING TO IT. AL FIRMAR AQUÍ, USTED RECONOCE Y COMPRENDE NUESTRA POLÍTICA Y ESTÁ DE ACUERDO CON ELLA.

X_____