**Sample Form Informed Consent—Tattoo**

The PicoSure Pro laser produces an intense burst of light that is absorbed by the pigmented lesion or tattoo ink.

All personnel in the treatment room, including me, will wear protective eyewear to prevent eye damage from this intense light.

The sensation of the laser light on skin is uncomfortable and may feel like a slight pinprick or the sensation of heat. These sensations may last for a few hours.

Prior to the treatment, test spots may be performed. Test spots help to determine effective treatment settings.

Tattoos may blister and have pinpoint bleeding for a few days after treatment.

Following a pigment treatment, the treated areas may be red, slightly swollen; pigment may darken and slough off in 7–10 days.

The area should be treated delicately following treatment. Do not pick on scabbing/blistering.

Multiple treatments may be necessary.

I have been informed that hyperpigmentation (darkening of the skin), and hypopigmentation (lightening of the skin) are possible complications of the procedure and incidence of this occurring are higher for darker skin types □ Yes □ No

I understand that sun exposure, as well as not adhering to the posttreatment instructions provided to me may increase my chance of complications.

I agree to have before and after pictures taken of the area to be treated: Yes ☐ No ☐

I have read and understood all information presented to me, and I have been given an opportunity to ask questions before signing this consent.

Consent for treatment of

Patient: Date

(or legal guardian)

Witness: Date

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