**Tattoo Laser Consent Form**

The procedure planned in the treatment of a decorative tattoo with the Q-Switch Pastelle Nd:YAG Laser using local, topical, or no anaesthesia. The purpose of this procedure is to attempt removal of the tattoo or to make the decorative pattern as unrecognizable as possible by lightening the pigment pattern.

Alternative treatment methods include camouflaging with make-up, tattooing over with a second tattoo, abrasive treatments, acid treatments, treatment with a CO2 laser, cutting out (with tissue expansion or skin grafting if needed), or no treatment at all.

I understand that the risks of the procedure include possible pain, bleeding, infection, scarring, drug reactions and unforeseen complications. There is also the risk of patchy residual pigment, persistence of tattoo pattern, change or permanent lightening of skin colour, change in skin texture, or hair loss or thinning. Previous treatment by any method may increase any or all of these risks.

I understand that this procedure fails to remove all pigment in some cases, especially with professional applied tattoos, and may not be effective on certain pigments. Laser treatment of white or flesh coloured tattoos can cause dark brown/black colour change. Multiple treatments are generally required. I understand my responsibility for properly fulfilling the appropriate aftercare instructions as explained by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, his/her staff, and/or written or videotaped instructions provided.

I further agree that any photos or videotape taken of me may be used for other teaching or publication, if considered appropriate, unless I notify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in writing that he/she is not to use these photographs in such a manner.

The procedure is generally considered cosmetic, and is not covered by insurance. I understand that I am responsible of all costs of treatment(s).

I have been asked at this time whether I have any questions about this procedure and I do not have any further questions. I understand the procedure, accept the risks, and request that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/or his/her assistant perform this procedure on me.

Photographs:  
I authorize the taking of clinical photography and its use for scientific purposes both in publication and presentations. I understand my identity will be protected.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient Signature/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness Signature/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent Form for Tattoo Removal**

Since their original introduction in 1969 many different lasers have been used for medical tattoo removal, and while each laser has its own unique advantages and disadvantages, *no one laser can remove all types of inks and pigments in all tattoos*. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has researched many lasers and feels that at this time Q-switched lasers, those capable of producing a brief, powerful pulse of energy, are the ones most effective for tattoo removal.

Depending on the circumstances of each patient, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will choose the specific combination of laser wavelength, powers, spot sizes, etc., that he/she feels will work best for your tattoo. Ideally, laser tattoo removal will remove all evidence of the tattoo colour and image, leaving the skin as it was before the tattoo was placed, i.e. “normal”, with no mark whatsoever. While we always strive for this outcome, and use the most advanced laser technology available to achieve an optimal result, this may not occur.

After the tattoo is placed some mild scar can form in the skin. Also, any previous attempts of tattoo removal can leave marking in the skin, and years of sun exposure on the tattooed skin may alter the skin’s appearance.

These changes may not be apparent while the colour of the tattoo is still present, but once the tattoo colour is gone, some of these minor variations in texture, colour, scaliness, etc. can become more noticeable and make the tattooed area appear different than the surrounding skin. In general, after the final laser procedure is completed, the treated skin looks much like the normal skin surrounding the spot.

We can only ESTIMATE the number of treatments it will take to completely remove the tattoo. This is because:

1. The wide variation of inks and pigmented materials used for tattooing,  
2. The inks themselves are made up of a combination of different chemical substances,

3. The amount of ink placed in the tattoo, as well as the depth of pigment placement varies from one tattoo to another,  
4. The ability of your white blood cells to “gobble up and drag away” different pigment particles varies,  
5. Other unknown factors: As a result of these many issues we cannot be absolutely certain how your particular tattoo will respond. Most “amateur or homemade” tattoos will generally require about 5-7 laser treatments. “Professional” tattoos and those done with harder inks, tend to be more variable in response, and average about 8-12 laser treatments. Some stubborn tattoo inks may require even more treatments.  
While the most noticeable lightening of the tattoo usually occurs after the first treatment, continued lightening occurs with each subsequent treatment, although it may not be as easily seen. *Before and after photos have been taken of thousands of patients demonstrating that every patient will fade to some degree after every treatment.*Before starting each treatment session, we often compare the tattoo with the original photos (taken before the first treatment) to assess the amount of colour that has already been removed. With this information we can evaluate you progress and discuss the need for continued treatment. The decision to continue is always made jointly and made with a clear understanding of potential outcomes. **Given enough time, treatment and effort, virtually all the tattoo ink will eventually disappear.**

With each treatment, some redness, bruising, swelling, blistering and crusting is common, but wound infection is rare. Irregular pigmentation and mild texture changes can occur as a result of

laser treatment, but these changes usually return back to “normal” over a few months. Rarely these changes are permanent. **True scarring with the newest, most advanced lasers is rare.**

We advise patients to protect the wound as you would any other minor burn for a few days. A dressing may help to protect the area and minimize further injury. Cold compresses and over the counter analgesics like paracetamol, can be taken for minor discomfort during the first few days. Most patients are able to resume normal activity and work the same day. Showering and bathing are usually not a problem, but sun exposure should be avoided in the treated area. *It is very important to follower our instructions carefully especially regarding the use of any medications or specific wound care that we may recommend.*

• I have read and understand to the best of my ability the above portion of the consent

• I have discussed the possible complications and results with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/or staff members, and understand them clearly.

• The possible alternatives, risks, benefits, etc. of laser treatment has been explained to me and I understand them to the best of my ability.

• I understand that **NO absolute guarantee of any kind** has been made to me, by either \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or his/her staff regarding the procedure, the number of procedures or its final outcome.

• I agree to cooperate to the best of my ability and to comply with the instructions and advice relative to my follow-up care.

• I understand that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may choose his/her own assistants, laser operators, types of lasers, anaesthetics or medications to be used for my treatment.

• I agree to the photographing of my tattoo and procedure. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may used 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).

• Finally, I understand that even extremely remote and extremely rare possibilities (such as death or permanent disability-clearly the likelihood of these occurrences is very, very,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient Signature/Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness Signature/Date

**PHOTOGRAPH AUTHORIZATION & CONSENT**

I authorize photographs to be taken of me before, during and after any procedures I may enter into while under the doctor’s care. I further agree that the doctor and/or his staff may use the negatives or prints made from such photographs for such purposes and in such manner, as he may deem appropriate. My name will not be used unless I specifically agree that it may be used. I also understand that these photos may be used for purposes including, but not limited to, educating future patients and in possible publications and promotions and that such use may be accomplished in any manner the doctor wishes, with the exception of the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I have entered into this agreement willingly and hereby waive any right to compensation for such uses as the doctor may determine. I also state that my successors and I hereby assigns {CLINIC NAME} and their staff harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

The term "photograph" or "photo" as used in this agreement shall mean motion picture or still photography in any format, as well as, videotape, video disc, and any other mechanical or digital means of reproducing images.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient Signature/Date

My name may be used as a reference to be given out to future patients. Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient's Signature/Telephone/Date LASER TATTOO REMOVAL

POST CARE INSTRUCTIONS

Post-Treatment Instructions:

The tattoo removal laser treatment may create a superficial burn wound. Some clients may experience bruising or swelling. There is immediate whitening of the treated area, which usually lasts for several minutes and could last for several hours.

Many clients then develop blisters, crusts, or scabs within 12-72 hours, which may last for 1-2 weeks or more. The treated areas may be pink or pale after the scab separates. Loss of skin pigment in the treated area is common, and is usually temporary. Healing is usually complete by 6-8 weeks.

1. Keep the treated area clean and dry while it is healing. Clean the area gently with soap and water and then gently pat the area dry. You may apply a thin coating of antibiotic ointment up to three times a day while the area is healing if you keep the area covered with a sterile dressing.
2. You may apply cool compresses as necessary for 24 hours after the laser treatment to help reduce discomfort and inflammation. You may take paracetamol, but avoid aspirin (it can increase the risk of bruising and/or bleeding.)
3. Do not pick at the scab or allow the skin to become scraped as this may result in infection and scarring. Shaving should be avoided in the treated area until it is completely healed.
4. Do not wear makeup or any cream or medication unless recommended by our office for 48 hours.
5. Wear a sunblock with an SPF of 30 or higher over the area for 3 months following the treatment.
6. If the area looks infected (honey coloured crusting and oozing or spreading redness), if you experience an unusual discomfort or bleeding, if any other complications develop, or if you have any questions or concerns, contact the office immediately. Of course, if you have any extreme reaction (such as moderate to severe facial swelling, moderate to severe rash, any difficulty breathing, or you are in any distress) call 000 and go to the emergency department.

*TERMS OF USE: This form should be reviewed periodically to ensure that its contents are current. Cryomed Australia cannot and does not recommend standard operating procedures related to the practice of medicine. Cryomed* *does not accept liability for its contents. It is essential that each clinic customize the consent form according to treatment procedure, state law requirements, and language. Cryomed does not make any representation, guarantee or warranty, express or implied or assume any liability or responsibility for the accuracy or completeness of the contents of this sample form. You should seek your own legal advice independently or through your insurance policy provider along with insurance advice. Practitioners and staff are responsible to ensure that patients receive accurate information concerning the nature, risks and costs associated with a given procedure or treatment.*