

Laguna Laser & Aesthetics

Tattoo Removal

I, _____, authorize Jann Ford Peterson, FNP or the Laser Technician to perform laser tattoo removal.

The laser is a device that produces an intense burst of light. The laser's high energy light breaks up the tattoo ink into tiny particles, which gradually are absorbed by the skin.

My eyes will be covered with laser-specific safety eyewear to protect them from the laser light. I will not attempt to remove the eye protection during treatment.

I have been informed of the following possible risks and complications of this procedure, including, but not limited to:

Purpura (red-purple discoloration, bruising)
Itching (hive-like response which lasts 2-3 hours to 2-3 days)
Burns, blisters, scabbing, crusting, skin color and/or textural changes
Hyper-pigmentation (darkening of the skin; transient or long term)
Hypo-pigmentation (lightening of the skin; transient, long term or possibly permanent)
Scarring (rare, possibly permanent)

Topical anesthesia may be used during this procedure, and is your responsibility if you choose to use Lidocaine or another topical anesthetic of your choice. If you do choose to apply a topical, this should be done 60 min. prior to treatment and completely removed prior to treatment.

I understand that if I am diabetic this treatment is not recommended due to increased healing times and greater risk of complications from the procedure. Similarly, if I am on chronic Coumadin or aspirin therapy, my risk of bleeding and complications is much greater.

I understand that immediately following the laser treatment redness, swelling, discomfort, bruising and discoloration may develop at the treatment site. I understand that any discoloration may last 7-14 days and swelling should resolve within several days. Discomfort may be treated with the application of cool compresses or topical soothing agents (e.g. Aloe Vera gel)

I will be given complete instructions regarding after care of the treated area. It is important to follow after care instructions carefully to minimize the chance of incomplete healing, skin textural changes or scarring. Sun avoidance and the use of sunblock should be practiced for 2 weeks after the procedure (though you should always wear sunblock....). Tanning should be avoided.

Initial below that you have read and understand the following:

- I have provided my past and current medical history and medications
- I consent to the taking of photographs during the course of my laser therapy for health care records
- I am not pregnant
- I am not diabetic
- I have taken no aspirin, vitamin E, Ibuprofen (Advil, Motrin), or other blood thinning agent for 1-2 weeks prior to my treatment.
- I am not on Coumadin therapy

I have been given the opportunity to ask questions about the procedure. My questions have been answered and I understand the information given to me.

Contraindications to the performance of this procedure have been discussed with me in detail.

I understand that this is a cosmetic procedure, and, as such is not covered by insurance. Payment will be due upon checkout on the day of the procedure.

I recognize that the practice of medicine is not an exact science and acknowledge that no guarantees have been made to me concerning the results of such procedures.

I understand that the tattoo ink could contain Titanium Dioxide (a white ingredient to make certain ink colors look more pastel that the technician would be unaware of. This could cause the tattoo to oxidize and turn darker gray or black once hit by the laser.

I have read and understood all information presented to me before signing this consent form. I also understand and release Laguna Laser Hair Removal & Aesthetics of any harm, injury, or death that may result. I understand that there are risks associated with all laser treatments. By signing this consent, I release Laguna Laser & Aesthetics, their Medical Director, employees, partners and affiliates from any and all damages and any legal responsibility that may result from laser treatments.

Signed: _____ Date: _____

Witness: _____ Date: _____