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## LASER TATTOO REMOVAL INFORMED CONSENT

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 give you 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 lightening 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 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.



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- 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 and 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.

### **Patient's Section:**

#### **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.
- I understand that I am responsible to apply numbing cream approximately 1 hour prior to my scheduled appointment. Failing to do so may result in the loss of my appointment.
- 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 instruction 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 Medical Cosmetic Enhancements member.



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- 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's Section**

I have explained to the patient the purpose of the procedures required and the possible risks and benefits to the best of my ability.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date