

Q-Switch Nd: YAG laser Consent Form

Name: _____

Date: _____

I _____ authorize _____ to perform the Q-Switch Nd: YAG laser System procedure. I am aware that these treatments will probably result in Tattoo removal and benign Pigmented lesions treatment. I understand and accept that it may be necessary to undergo more than one treatment in order to achieve the desire goal. I understand that transient hyper pigmentation can appear and that minor scarring may appear, I understand that I will have to make a small tattoo in my axils before I will start tattoo removing in an exposed area. I will keep the treated areas covered with Aloe Vera gel and soothing creams until the skin heals. I understand that this process can take anywhere from 3-6 months and that it might take longer in some cases. Occasionally, unforeseen mechanical problems may occur and my appointment will need to be rescheduled. _____ will make every effort to notify me prior to my arrival to the clinic.

ACKNOWLEDGMENT

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release (individual) and (facility) and (doctor) from all liabilities associated with the above indicated procedure.

Client/Guardian Signature _____

Date _____

Practitioner Signature _____

Date _____