

Laser Tattoo Removal Consent Form

Consent:

Explanation of Treatment The laser is a form of light that specifically targets tattoo pigment in the skin. The tattoo pigment absorbs the laser light and is broken up into small fragments. These tiny fragments of pigment are then taken away by the body naturally in the 2~3 weeks following the treatment. It typically takes 8-12 sessions of laser treatment to remove a tattoo.

With laser tattoo removal it is normal to experience inflammation of the skin that comprises or redness, swelling, crusting and occasional blistering. The skin may bleed or swell. This reaction typically lasts a few days and is helped by topical ointment and gentle washing of the skin. Rarely, scarring of the skin surface and pigment loss can occur.

Consent: Explanation of Serious or Frequently Occurring Risks

1. Pain associated with the laser light – typically like an elastic band hitting the skin
2. Skin redness and swelling of the skin surface that typically lasts several days
3. Crusting of the surface of the skin and rarely blistering.
4. Bleeding of the skin
5. Loss of colour of the skin, or more rarely increased brown hyper pigmentation.
6. Risk of hypertrophic or keloid scar that maybe permanent.
7. Small risk of permanent scarring, typically a white mark.
8. Risk of failure of the treatment to remove the tattoo

Other risks discussed with the patient

Statement of patient

I agree to the procedure described above

I agree that I must wear eye protection during treatment sessions

I understand that the results of treatment may vary with each individual and that the success of treatment can never be guaranteed.

I understand that there may be side-effects that can include reddening of the skin, bruising, mild burning or blistering, increased pigmentation and very rarely scarring

I understand that multiple treatments maybe required to achieve the desired result and improvement.

Name (please print): _____ Signed: _____

Dated: _____

Operator Confirmation of Consent

(I have confirmed that the patient has no further questions and wishes the procedure to go ahead)

Name (please print): _____ Signed: _____

Dated: _____

Fitzpatrick Skin Type-Sample Form

Name: _____ Date: _____

Please answer the following questions by circling the number which best describes you. Your clinician will total the score during the consultation.

My ethnic origin is closest to:	I. Very fair (Celtic and Scandinavian)	
	II. Fair-skinned Caucasians with light hair and light eyes	
	III. Pale-skinned Caucasians with dark hair and dark eyes	
	IV. Olive-skinned (Mediterranean, some Asian, some Hispanic)	
	V. Dark-skinned (Middle Eastern, Hispanic, Asians, some Africans)	
	VI. Very dark-skinned (African)	
My eye colour is:	Light Blue	0
	Blue/Green	1
	Green/Gray/Golden	2
	Hazel/Light brown	3
	Brown	4
The colour of my skin that is not normally exposed to sun is:	Pink to reddish	0
	Very pale	1
	Pale with beige tint	2
	Light brown	3
	Medium to dark brown	4
	Dark brown to black	6
My natural hair colour at age 18 was:	Red	0
	Blond	1
	Light brown	2
	Dark brown	3
	Black	4
If i go out into the sun for an hour or so with out sunscreen and have not been out in the sun for weeks, my skin will:	I Burn, blister and peel	0
	Burn, then when the burn resolves there is little or no colour change	1
	Burn, but then turns to tan in a few days	2
	Get pink, but then turns to tan quickly	3
	Just tan	4

	Just gets darker	5
	My skin colour is so dark I can't tell	6
When was the last time the area to be treated was exposed to natural sunlight, tanning booths or artificial tanning cream?	Longer than one month ago	0
	Within the past month	1
	Within the past two weeks	3
	Within the past week	4

If your score is:	Your skin type is:	Notes:
0~3	I	
4~7	II	
8~11	IV	
12~15	V	
16~19	VI	
20~24		

Laser Tattoo Removal Patch Test Form

Patch Test 1: Colour Tested: _____

Parameter	Test Patch 1	Test Patch2	Test Patch 3
Wavelength			
Energy			
Frequency			
Distance			
Pulse Width			
Comments:			

Patch Test 2: Colour Tested: _____

Parameter	Test Patch 1	Test Patch2	Test Patch 3
Wavelength			
Energy			
Frequency			
Distance			
Pulse Width			
Comments:			

Patch Test 3: Colour Tested: _____

Parameter	Test Patch 1	Test Patch2	Test Patch 3
Wavelength			
Energy			
Frequency			
Distance			
Pulse Width			
Comments:			

Laser Treatment Record Form

Client Name: _____ Date ___/___/_____

Skin Type: _____

Treatment Area: _____

Date:						
Change of Medications						
Change of Skin Type						
Wavelength						
Energy						
Frequency						
Distance						
Topical Anesthetic used						
Ointment Applied						
Reaction						
Time Taken						
Comments						
Cost						

Client aftercare instructions

Tattoo Removal Aftercare Advice

The following notes are important. Please read them carefully Before Treatment.

- Avoid exposure to sunlight, sun-beds and fake tan for at least 4 weeks.
- If the tattooed area is covered by hair, please shave the area 1 day prior to treatment.
- Do advise us of any change in medication.

After Treatment

- If the skin has not broken, a dry sterile dressing will be placed over the treated area to protect it.
- The area will become raised and feel hot and can be cooled with the use of a cold compress, ice pack or a pack of peas from the freezer wrapped in a clean cloth. (Do not apply ice directly to the skin as this can cause a burn).
- As long as the skin is unbroken cooling products such as Aloe Vera gel can be used to give relief to the sunburn type feeling of the treated area.

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- E45 cream, Aloe Vera gel or Vaseline can be used to relieve the itching which normally occurs 3-5 days after the treatment. Whilst Healing
 - Avoid restrictive clothing. • Avoid perfume or body lotions to the area. • Avoid hot baths or continuous soaking.
 - Avoid heat treatments such as saunas and steam rooms. • Avoid swimming. • Avoid lying in the sun or using sun beds.
 - Avoid picking at any scabs. • Avoid allowing the area to become scrapped.
- Take great care of the treated area in order to obtain the best end result.