

**Tattoo
Removal
Consent
Forms
&
Post-Care
Instructions**

Consent and Authorization for Treatment with the Q-Switched Nd:YAG Laser

A. General information

Laser therapy has been proven to be safe and effective, and is approved by the FDA for the treatment of a variety of lesions. Alternative methods of treatment exist including camouflage with makeup or tattooing, abrasive treatments, acid treatments, treatments with different lasers, and surgical excision (cutting out) with or without tissue expansion or skin grafting. If no treatment is performed, there is no adverse consequence to your health.

I understand that there is a risk of accidental eye injury if struck by any laser beam. This is unlikely since complete eye protection is provided at all times during laser treatments. There is also a risk of persistence of the original pattern ("ghosts"), change in skin texture, permanent lightening or darkening of the treated skin, hair loss, or thinning or easy bruising of the skin following laser treatment.

I understand the risks of this laser procedure are like any other surgical procedure and include pain, bleeding, infection, scarring, allergic or drug reactions, and inconvenience to you during the recovery phase. The risk of scarring (in particular raised scars) despite proper laser treatments exists in all cases, but can be reduced by carefully following your after care instructions, and by notifying this office if any problems develop.

Improvement may not be seen in the tattoo or lesion for up to six weeks. Laser treatments can be repeated at six-week intervals. Continued improvement can occur for several months after treatment.

PLEASE INFORM DOCTOR/NURSE/TECHNICIAN IF YOU ARE PREGNANT

B. Decorative or traumatic tattoos, age spots or other pigmented lesions

I understand that the procedure planned is the treatment of a decorative or traumatic tattoo or other lesion with the Q-switched Nd:YAG laser using local, topical or no anesthesia. The goal and purpose of the procedure is to attempt removal of the tattoo or lesion, or to make the pattern or lesion as unrecognizable as possible by lightening the pigment.

I understand that in some cases, laser treatment fails to remove all pigment, especially from professional applied tattoos or deep amateur tattoos. It may not be effective on certain pigments such as yellows, and may make a white tattoo darker. Multiple treatments are generally required for maximum fading or clearing depending on the amount of pigment, depth of pigment and other factors.

I understand that this procedure is considered cosmetic, and is NOT covered by health insurance. Our office will NOT bill your insurance for this treatment. Your insurance may or may not cover treatment of any complications should they arise. I understand that I will pay the quoted fee for EVERY treatment.

I also fully understand that if I fail to keep my appointment without 72 hours of notification, I WILL BE RESPONSIBLE FOR HALF THE QUOTED FEE.

C. Post-operative instructions after laser surgery

The laser treatment may create a superficial burn wound. There is immediate whitening of the treated area, which lasts for several minutes. Many patients then develop blisters, crusts or scabs within 24-72 hours, which may last for 1-2 weeks. Some patients may experience bruising or

swelling. Do not pick at the scab or allow the skin to become abraded, as this may result in infection and scarring. The treated area may be pink or pale after the scab separates. Loss of skin pigment in the treated area (usually temporary) is common. Complete healing is usually seen by 6-8 weeks.

Apply cool compresses as necessary for 24 hours after the laser treatment. This may provide some relief if the area is uncomfortable and will reduce inflammation. Plain Tylenol is usually all that is needed for discomfort (avoid aspirin). Do not apply makeup or any cream or medication not prescribed by our office for 48 hours. Avoid sun exposure until healed and then wear sunscreen SPF 15 for six months.

Some swelling and redness around the treated area may be expected. If the area looks infected (thick honey colored crust and oozing, or spreading redness), you experience unusual discomfort or bleeding, or your temperature becomes elevated, please call our office immediately.

After treatment of a tattoo or age spot, an antibiotic ointment and sterile dressing will be applied. Keep this covered for 24 hours, then begin cleaning the treated area daily with a mild soap and water. Gently pat the treated area dry. Apply a thin coating of antibiotic ointment twice each day, and cover with another sterile dressing until healed (7-14 days).

I have discussed my proposed laser surgery in detail with _____ and/or his nurse/technician. I understand that all photographs I have seen are for illustration only, and do not predict the result I can expect. I have been asked at this time if I have any questions about this procedure, and I do not have any, or they have all been answered. I understand the goals, alternatives, risks and possible complications, and I request that _____ and/or staff perform laser treatment on me. I understand that no guarantee or promises have been made as to the expected results or outcomes.

My post-operative care has been explained to me, and I understand my responsibility for properly fulfilling the after care instructions. All my questions have been answered.

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



Tattoo Laser Consent Form

The procedure planned in the treatment of a decorative tattoo with the Q-Switch MedLite C-6 Nd:YAG Laser using local, topical, or no anesthesia. 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 color, 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 colored tattoos can cause dark brown/black color 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 this procedure be performed on me by _____ and/or his/her assistant.

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 color 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 color of the tattoo is still present, but once the tattoo color is gone, some of these minor variations in texture, color, 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 color that has already been removed. With this information we can evaluate your 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 Tylenol and Advil, 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 follow 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, anesthetics 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 HOYA ConBio to take photographs 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:

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 I and my successors or assigns hereby HOYA ConBio and successors and assigns 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 plain Tylenol, 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 colored 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 911 and go to the emergency department.