

CONSENT FORM FOR TATTOO REMOVAL

Clinic Name: _____ **Date:** _____

Doctor Name: _____

Patient Name: _____

1. Procedure Description

Tattoo removal involves the use of laser light to break down pigment particles in the skin. Multiple sessions may be required depending on the depth, color, and age of the tattoo. The fragmented pigment is naturally cleared by the body over time.

2. Expected Results

- **Complete removal cannot be guaranteed; some pigment may remain.**
 - **Certain colors (like green, blue, and yellow) are more resistant.**
 - **Fading occurs gradually over several weeks.**
 - **6–10 sessions (or more) may be required for optimal results.**
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3. Possible Risks & Side Effects

I understand that the following complications may occur temporarily or rarely become permanent:

- **Redness, swelling, or mild blistering**
 - **Scabbing or crusting**
 - **Temporary or permanent changes in skin color (hypo/hyperpigmentation)**
 - **Scarring or textural change (rare)**
 - **Infection if the treated area is not cared for properly**
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4. Pre & Post Procedure Instructions

- **Pre-Treatment:**
- **Avoid sun exposure, tanning creams, or chemical peels 2 weeks prior.**
- **Do not apply any makeup, deodorant, or creams on the treatment area on the day of procedure.**
- **Shave the area if instructed.**

Post-Treatment:

- Keep the area clean and dry.
 - Do not pick scabs or blisters.
 - Avoid hot water, sauna, gym, or swimming for 3–5 days.
 - Apply prescribed soothing or antibiotic cream as directed by the doctor.
 - Use sunscreen (SPF 30+) regularly.
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Acknowledgment

I acknowledge that:

- I have been explained the nature, purpose, expected results, possible complications, and alternatives to laser tattoo removal.
- I have had the opportunity to ask questions, and all my doubts were clarified.
- I understand that results vary, and multiple sessions are needed.
- I consent voluntarily to undergo laser tattoo removal.

Patient Signature: _____

Doctor Signature: _____

Date: _____

Date: _____

Witness (if applicable): _____

Date: _____

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