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## Laser Tattoo Removal Consent Form

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*. The doctor 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, the Doctor will choose the specific combination of laser wave-length, 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 home-made" 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.



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**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.

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- 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 the doctor 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 the doctor 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 the doctor 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. The doctor 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).
- 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, very small) can occur with *any medical procedure*.

31852 COAST HIGHWAY

SUITE 200

LAGUNA BEACH, CA 92651

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\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



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## PHOTOGRAPH AUTHORIZATION & CONSENT

I authorize Name of Doctor and/or his/her staff 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:

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The Women's Center

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 Name of Doctor and his/her successors and assigns and his staff harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

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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.

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Patient Signature

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Date

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My name may be used as a reference to be given out to future patients.    Yes    No

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Patient's Signature

Telephone

Date