

CLIENT HISTORY AND TREATMENT PLAN FOR PIGMENT (TATTOO) LIGHTENING/REMOVAL

PIGMENT REMOVAL INFORMATION AND TREATMENT PLAN:

Description of unwanted tattoo or pigment (size, color and location): _____

Reason for removal such as shape, color, location: _____

Removal desired: (Partial or complete): _____

Tattoo Procedure was lasted worked on: _____

How many sessions were performed on the unwanted procedure? _____

REQUIRED: Name, address and telephone of person who performed the unwanted tattoo procedure as it may be necessary to obtain information regarding pigment and needles used: _____

List any adverse reactions experienced after the application of the unwanted pigment such as infections, swelling, bleeding: _____

Were the tattoo defects apparent immediately or did they become evident at a later date? _____

List any corrective or medical treatments *explored or attempted* prior to this consultation: _____

TREATMENT PLAN FOR OLD TATTOOS:

It is estimated that lightening and/or an attempt to remove the unwanted pigment will take from _____ to _____ sessions, scheduled at least 6-12 weeks apart. Client agrees to not pursue other removal treatments during this attempt to lighten and/or remove this unwanted pigment.

Client will follow the written instructions for aftercare and contact the technician listed below first in the event of any questions or concerns following the lightening and/or removal attempts.

The client affirms they fully disclosed the entire relevant history of the unwanted tattoo pigment.

By signing below, both client and technician have discussed the above client history form and treatment plan and both agree that the information is fully understood.

Client Signature

Date

Technician Signature

Date