

INFORMED CONSENT FOR PIGMENT (TATTOO) LIGHTENING

Name (Please Print) _____

The nature and method of the proposed pigment (tattoo) lightening procedure has been explained to me including risks or possibility of complications during or following its performance I understand there may be a certain amount of discomfort or pain associated with the procedure and that other adverse side effects may include minor and temporary bleeding, bruising, redness or other discoloration and swelling. Fever blisters may occur on the lips following lip procedures in individuals prone to this problem. Secondary infection in the area of the procedure may occur, however if properly cared for, this is rare.
_____ (Client Initials)

I understand that several treatments may be needed in order to attempt to achieve my desired results however I have not received any guarantees to the quality of the outcome of the process. _____ (Client Initials)

I understand there are medical options available for pigment removal. I have decided to decline those methods. _____ (Client Initials)

I understand that the unwanted pigment may not be successfully lightened to the point that it can no longer be seen, and that scarring as hyper-pigmentation or hypo-pigmentation, or other damage to the skin, which may be permanent, may occur during the process. I will not hold my technician and/or the distributor of tattoo removal products used in this attempted tattoo lightening or removal, liable for any damages that may occur to my person. _____ (Client Initials)

I understand that lightening tattoo pigment is difficult, if even possible. As a result I will not hold my technician or this establishment responsible for any resultant failure to lighten the unwanted pigment. _____ (Client Initials)

I agree to submit to before and after photographs, and give my permission to use such photographs for publication and/or for teaching purposes. _____ (Client Initials)

I agree to follow all aftercare instructions. _____ (Client Initials)

I have been duly informed of the nature, risks, possible complications and consequences as listed above. I further understand that my technician is not a medical doctor. _____ (Client Initials)

I understand all information listed above, have had my questions answered, and agree to all conditions and provisions of this document as evidenced by my signature below. I accept the risks for having this procedure done. _____ (Client Initials)

Date _____

Signature of Client (Signature applies to consent to the process during the agreed treatment plan period)

Date _____

Witnessed by Technician Performing Removal/Lightening Procedure