

Informed Consent for Laser Tattoo Removal Treatment

Patient Name (Please Print Clearly): _____

Date: _____

This detailed consent form is designed to provide you with the information needed to make an informed decision regarding laser tattoo removal (hereinafter the "treatment" or "treatments"). Please read this form thoroughly, make sure all of your concerns are addressed, that your questions are answered and then initial each section below if you decide to make the decision to move forward with treatment.

* * * (Please read this form and initial or sign at each area marked with an "X") * * *

X Treatment: A laser produces a very brief, powerful, concentrated pulse of energy that microscopically fractionates tattoo ink particles and allows your body to destroy them. Multiple Treatments, spaced weeks apart, are necessary to achieve desired results. The number of Treatments recommended during the consultation is only an estimate and additional Treatments and time may be required.

X Results and Goals: I understand that this elective Treatment is in many cases effective but there is no guarantee that the expected or anticipated results will be achieved. I also understand that the treatment course and the final results can be unpredictable and varies from person to person and even varies in different tattoos on the same individual. I fully acknowledge that the goal of my Treatment is a reduction or elimination of the presence of visible ink and to fade, lighten or make the ink pattern as unrecognizable as possible, not perfection, and that my skin may not look the same way it did before I got the tattoo.

X Alternatives: I understand that alternatives to the Treatment exist and include camouflaging with make-up, getting a cover-up tattoo, surgery, CO₂ laser treatment, dermabrasion (sanding), heat (thermal), freezing (cryotherapy) or acid (chemical) destruction and others. These alternative options often give temporary, unsatisfactory or incomplete results and use of a laser is widely accepted as the "gold standard" treatment option. Because the Treatment is voluntary, an alternative option is no treatment at all.

X Ink Colors and Types: I understand that specific type(s) or exact color of ink(s) I have in my tattoo(s) can not be determined and I understand that some ink colors (like blue, purple, green, aqua, yellow, brown, orange and other colors) and ink types (exotic inks, plastic, latex, florescent inks and other ink types) may not respond to Treatment, may not resolve completely or may take many more treatments than expected. I also understand that for known and unknown reasons, some tattoos may never go away completely.

X Tattoo Ink Color Changes: I understand that some tattoo ink (usually white, peach, flesh, maroon, burgundy, pink and other colors as well) may change color or become darker (paradoxical darkening) after being treated. Also, tattoo artists often mix colors and some black tattoos, after treatment, will reveal another underlying color (blue, green, purple, etc.). The new color that appears after treatment may or may not respond to subsequent treatments and may be permanent. Thus, I understand my tattoo may appear to change colors or look worse after the Treatment.

X Ink Ingredients: The U.S. Food and Drug Administration ("FDA") considers the inks used in tattoos to be cosmetics and the pigments used in the inks to be color additives requiring premarket approval. However, the FDA has traditionally not exercised its authority over tattoo inks or the pigments used in them and manufacturers of tattoo ink do not always disclose the ingredients. I understand that New Look Aesthetics cannot determine the components of the ink (or inks) in my tattoo and I understand that in some cases carcinogens (cancer causing agents) have been reported to be found in tattoo ink. Thus, I understand it is possible that individuals receiving laser tattoo removal treatment could theoretically have a statistically higher chance of developing cancer or other adverse health consequences as a result of application of the laser to both known and unknown components of the tattoo ink.

X Pre-Care and After-Care: I understand pre-care and after-care is entirely in my control and that my failure to follow the provided pre-care and after-care guidelines will greatly increase the chance of complications and adverse side effects and possibly decrease the effectiveness of the Treatment. I acknowledge that I have been (or will be given) detailed oral and printed care instructions along with a contact phone number if I have any questions about after-care. I agree to follow all of the pre & after care instructions provided to me and to immediately contact New Look Aesthetics if I feel I am experiencing an adverse event/side effect.

X Anesthetic Cream: I understand that a topical anesthetic cream ("numbing cream") may be offered to me prior to the Treatment. I understand that in rare cases this numbing cream may cause life-threatening side effects including irregular heartbeat, seizures, breathing difficulties, coma or even death. Thus, I agree that I will not use this numbing cream for a longer period of time than recommended (30 minutes) and that I will not apply it to broken/irritated skin, mucous membranes (mouth, vagina, anus) or an open cut or wound. I agree to not use more than the amount recommended. Also for my safety, and the safety of others, I agree to keep it out of the reach of children and agree to not operate a vehicle while using the numbing cream. I agree to only use this numbing cream as instructed.

X Adverse Side Effects: I understand that adverse side effects do occasionally occur and that serious complications are rare but possible. Adverse side effects may last many months, years or even be permanent. I completely understand that I may miss work or social obligations due to adverse side effects or complications. I also understand that additional medical treatment may be necessary should I experience any adverse side effect and any cost associated with an adverse side effect or complication will not be covered by New Look Aesthetics. I understand that the following adverse side effects, experiences and complications are possible, but not limited to:

X Discomfort: Discomfort is likely to occur during the Treatment. I fully understand that most Treatments are uncomfortable or painful and I give permission for New Look Aesthetics to administer anesthesia when necessary or requested.

(THIS FORM CONTINUES ON THE NEXT PAGE ★)

Hair and Freckle / Sun Spot loss: I fully understand that the Treatments may result in temporary and/or permanent loss of hair and/or freckles/sun spots in the treated area. Thus, I understand the treated area may not look the same as the surrounding skin.

Allergic Reactions: There have been reports of hypersensitivity to the various tattoo pigments. This ink allergy may appear soon after getting the original tattoo but may also occur anytime including after starting the Treatment. I fully understand that, although very rare, upon dissemination from the Treatment, these pigments can induce a severe, and possibly permanent, allergic reaction. I also understand that if an allergic reaction occurs my treatment sessions will likely have to end and I will have to keep the remaining tattoo ink.

Prolonged Healing / Itching / Hives / Sun Sensitivity: I fully understand that the Treatment may result in prolonged healing (redness, tenderness, pain, etc.) in the treated and surrounding area. The time it takes for these side effects to subside and for the area to fully heal may be significant. I understand that after the Treatment I may experience itching/hives and be more sensitive to sun-exposure.

Bruising / Blistering / Swelling / Crusting / Scabbing / Bleeding / Infection / Cellulitis: I fully understand that with some Treatments bruising, blistering, swelling, crusting, scabbing and bleeding of the treated area and the nearby surrounding area may occur. Significant swelling, bruising and blistering may be particularly noted in areas with a higher density of ink, colored tattoos and on distal extremities like the wrist, forearm, hand, finger, ankle or foot, with circumferential tattoos, when patients are too physically active following treatment and when patients do not follow the aftercare instructions. Infection and cellulitis, although very rare, are always a possibility when any skin Treatment is performed and are usually due to patient non-compliance with aftercare instructions.

Burns: I fully understand that the Treatment may cause superficial burns. These are usually temporary and heal relatively quickly. On rare occasion these burns may be deeper or more severe and cause permanent skin changes including but not limited to ulcers, erosions, depressions, elevations, skin discoloration, texture changes, prolonged healing, sun sensitivity and scarring / keloids.

Skin Discoloration: I fully understand that temporary and permanent skin discoloration (undesired pigmentary alteration) including skin darkening (hyperpigmentation), skin lightening (hypopigmentation or depigmentation) and erythema (pinkness / redness / spider veins) may result from the Treatment. I understand that tan skin, sun damaged skin, patients with darker skin types, patients with colored tattoos and patients who do not follow the aftercare instructions have a much higher rate of skin discoloration from the Treatment. Thus, I understand that there is a very real risk of skin discoloration (undesired pigmentary alteration) from the Treatment and I request to be treated knowing that my skin may temporarily or permanently change color as a result of the Treatment.

Tissue Texture Changes: I fully understand that after the Treatment it is possible that the texture of the skin may temporarily or permanently change and it may not look and feel the way it did prior to the Treatment and that treated area may not look the same as the surrounding skin. Additionally, I understand that any pre-existing tissue texture changes will not improve with treatment.

Scarring and Keloids: Scarring is a possibility with the Treatment. I fully understand that smooth scars, raised scars, hypertrophic scars or keloid scars can occur with the Treatment but are rare. I understand these scars may be permanent. Scarring usually only occurs if the patients picks at a treated area, fails to properly protect it during the healing process, fails to tend to a blister properly and/or fails to follow the aftercare instructions. I understand that pre-existing scars will not improve with the Treatment.

Eye Exposure: Protective eyewear (goggles) will be provided. It is important to keep these goggles on at all times during the Treatment in order to protect your eyes from accidental laser exposure. I fully understand that improper use or lack of eyewear may result in vision complications including blindness and I agree to wear protective eyewear at all times during the Treatment.

I acknowledge that the Treatment has been explained to me in detail, I have thoroughly reviewed this entire form & I understand it.

I have been sufficiently informed of the possible outcomes, risks and side effects of the Treatment and the numbing cream.

I agree to follow all pre-care instructions, after-care instructions, numbing cream instructions and to keep all my appointments.

I agree to allow New Look Aesthetics to perform emergency procedures/care in the unlikely event that unforeseen circumstances arise.

I have been given ample opportunity for discussion and have been provided satisfactory answers to every one of my questions.

I agree to maintain a relationship with a primary care physician as NEW LOOK AESTHETICS only implements and performs elective laser and does not diagnose, treat, or cure any disease or any underlying medical condition.

My initials above and signature below acknowledges that the above information has been carefully read and fully understood by me and authorizes New Look Aesthetics, and its employees, independent contractors, associates, agents and representatives (collectively and hereby known as, "New Look Aesthetics",) to assess, perform, implement, and/or assist in the laser treatment procedure I have elected to undergo. I agree that this Informed Consent shall be effective for the Treatment today and for any and all subsequent Treatments I receive in the future. This form constitutes full disclosure and supersedes any previous verbal or written disclosures.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PRINTED NAME OF PATIENT	TODAY'S DATE
<input checked="" type="checkbox"/>	
SIGNATURE (or signature of legal guardian if patient is under 18)	Office Use Only (Staff Signature)



Testimonial, Photo & Video Release

Please initial any or all of the following that apply:

_____ I agree to allow my treatment photos, testimonials, and/or videos to be used for promotional purposes. I understand that my name and identifying information will **NOT** be used.

_____ I agree to allow **ONLY** my first name, last initial and occupation to be attached to my treatment photos, testimonials, and/or videos for promotional purposes.

_____ I **DO NOT** agree to allow the use of my treatment photos, testimonials, and/or videos for promotional purposes.

This agreement supersedes any previous agreement you have with New Look Aesthetics regarding testimonial, photo and/or video usage.

SIGNED: _____

Date: _____

Print Name: _____

Written Testimonial About Your Experience at New Look Aesthetics