

TATTOO AN SKIN BLEMISH LASER / LIGHT REMOVAL CONSENT

Name: _____	Date of Birth: _____
Treatment Area: _____	

The Q-Switched Yag laser is the most effective technology available to treat unwanted tattoos and Skin Blemishes. Although the equipment is state of the art and Dr. van Aardt is an experienced Laser physician and our Laser Skin Care Providers are Certified well trained, individual differences in skin colour, thickness, ink distribution and other factors make it impossible to predict any individual's final outcome or number of treatments required to achieve the optimal level of clearance of the tattoo or skin blemish.

_____ I hereby consent to receiving treatments with the Skin Clear Q-switched laser preformed by a Certified Service Provider at this Medi-Spa.

_____ I understand that a number of treatments, as many as 12 or more, will be required and that professional tattoos are more difficult to fade than amateur tattoos.

_____ I understand that complete clearance may not be achievable, especially when green, yellow, light blue and purple inks are present.

_____ I understand that blemishes may take more than one treatment to fade or be removed.

_____ Although rare (less than 5%), I understand that scarring, hypo and hyper pigmentation may result from a course of Q-switched laser treatments.

_____ I acknowledge that I have not exposed the planned treatment area to sunlight or tanning beds for the past 30 days and that sun exposure during 60 days after treatment can result in increased skin pigmentation that may last for many months or even lifelong. I also understand that self-tanners should not be used before and during a course of treatments.

_____ I have not taken the drug Accutane during the past 12 months and I have disclosed any current medications in the medical history in my general laser consent consult understanding that some medications may be photosensitizing.

_____ I understand that the areas treated will require post-operative wound care and that cleanliness and regular application of antibiotic ointment to the treated areas are essential and that scratching, irritating or rubbing of the treated areas is not permitted in order to prevent possible scarring.

_____ I acknowledge and consent that before, during, and after treatment close-up photographs of the involved area(s) and the anatomical region surrounding the involved area(s) will be taken.

_____ I hereby grant my consent that photographs may be used by this Medi-Spa for promotional or educational purposes.

_____ I understand that payment of this treatment is non-refundable and that I will not hold this Medi Spa responsible if this course of treatment is not to my satisfaction.

_____ I understand that for deeper tattoos, extra measures of treatment may be required during the project, such as Microdermabrasion and laser peels or even combined IPL treatment with Q-switched laser and that additional costs will be incurred if such action is deemed necessary.

_____ I acknowledge that I have received my Post Care information and will adhere to the recommendations as outlined.

By signing below I acknowledge that I have read and understand the above information and I have had adequate time to ask questions regarding treatment.

Print Client Name	Signature of Client	Date
-------------------	---------------------	------

Print Name of Service Provider	Signature of Service Provider	Date
--------------------------------	-------------------------------	------

Skin Blemish treatment has been consulted and approved by attending physician: _____

This treatment has been delegated to be performed by physician / Service provider: _____