Studio name _____

Laser tattoo removal consent and health form

This takes about five minutes. It covers your series of treatments; before each later session you answer a short check.

About you

Your name
First name

Last name

Date of birth (MM/DD/YYYY)

Mobile phone

Email

Home address
Street address

City, state, ZIP

Photo of your ID

Attach a copy of the photo ID to this form

Emergency contact

Your skin type

Your tattoo

Where is the tattoo?

Mark or describe the placement

Ink colors in the tattoo

☐ Black ☐ Dark blue ☐ Light blue ☐ Green ☐ Red ☐ Orange ☐ Yellow ☐ Purple

☐ Brown ☐ White ☐ Skin tone or flesh colored ☐ Not sure

About how old is the tattoo?

☐ Less than a year ☐ 1 to 5 years ☐ 5 to 10 years ☐ More than 10 years

Who did the tattoo?

☐ A professional artist ☐ An amateur or myself ☐ Permanent makeup ☐ Not sure

Have you had removal treatments on this tattoo before?

☐ Yes ☐ No

How many, what kind, and when was the last one?

Your goal

☐ Remove it as fully as possible ☐ Fade it for a cover-up ☐ Remove part of it

Photos of the tattoo today (optional)

Attach a copy to this form

Health questions

These questions are the clinic's own policy. They help your technician plan a safe treatment. They aren't medical advice: if you have a question about your health or your medicines, ask your doctor.

Are you pregnant or nursing?

☐ Yes ☐ No

Have you taken isotretinoin (Accutane or a similar acne medicine) in the last 6 months?

☐ Yes ☐ No

When did you stop?

Do you take a medicine or supplement that makes your skin sensitive to light, such as some antibiotics, acne medicines or St. John's wort?

☐ Yes ☐ No

Which ones?

Have you ever had gold injections or gold tablets (an older arthritis treatment)?

☐ Yes ☐ No

Have you ever had a seizure set off by flashing light?

☐ Yes ☐ No

Have you tanned, used self tanner or had a sunburn on the area in the last 2 weeks?

☐ Yes ☐ No

Do you take blood thinners, or aspirin, ibuprofen or fish oil regularly?

☐ Yes ☐ No

Which ones?

Do you have diabetes?

☐ Yes ☐ No

Do you have a condition or take a medicine that slows healing or affects your immune system?

☐ Yes ☐ No

Tell us a little more.

Do you scar easily or form raised scars (keloids)?

☐ Yes ☐ No

Do you have a skin condition, open wound or rash on or near the area, such as eczema, psoriasis or vitiligo?

☐ Yes ☐ No

Which one?

Is there a mole, birthmark or spot in or near the area that has changed, or have you had skin cancer there?

☐ Yes ☐ No

Tell us a little more.

Do you get cold sores (fever blisters)?

☐ Yes ☐ No

Has this tattoo ever been raised, itchy or swollen, or given you an allergic reaction?

☐ Yes ☐ No

What happened, and in which color?

Anything else your artist should know about your health?

What you agree to

A series of sessions
Laser tattoo removal takes many sessions, spaced 6 to 8 weeks apart (the clinic sets this). How many I need depends on the ink, the colors, the tattoo's age and location, and my skin. The clinic can't promise full removal.

Initials

How inks respond
Some colors fade slowly or barely at all. White, skin-tone and some cosmetic inks can turn darker when treated, so the clinic may test them first.

Initials

After each session
Right after a session the skin can turn white, then red and swollen. Blisters and scabs can follow and must heal on their own.

Initials

Risks
Risks include lighter or darker skin in the area, a change in skin texture, scarring and infection. Sun exposure and picking raise these risks.

Initials

Test spot
The clinic may treat a small test spot first and wait to see how my skin responds before treating the rest.

Initials

Progress photos
The clinic takes photos before each session to track progress. They stay in my record.

Initials

Eye protection
Everyone in the room wears eye protection while the laser is on. I'll keep mine on until the technician says it's safe to take it off.

Initials

My answers
I answered the health questions truthfully. I'll tell the clinic before each session if anything changes.

Initials

Alcohol and drugs

I'm not under the influence of alcohol or drugs.

Initials

Photos of your results

Package and appointments

Sessions in a package are used one per treatment. Moving an appointment needs at least 48 hours' notice; a missed appointment without notice uses one session from your package.

Initials

the studio uses your health answers only to do your appointment safely and to keep the records the law requires. They are never used for marketing or sold. They are stored encrypted, and every time someone at the studio opens them it is logged.

Your signature

Date

Printed name

For the technician (For the studio)

Treatment notes

Skin type the technician confirmed

☐ Type 1 ☐ Type 2 ☐ Type 3 ☐ Type 4 ☐ Type 5 ☐ Type 6

Session number in the series

Device

Wavelength

☐ 532 nm ☐ 694 nm (ruby) ☐ 755 nm (alexandrite) ☐ 785 nm ☐ 1064 nm (Nd:YAG) ☐ Other

Fluence

Spot size

Frequency

Passes

Pulse duration

Cooling used

Tissue response

☐ Whitening (frosting) ☐ Pinpoint bleeding ☐ Swelling ☐ No visible response

Test spot

Session photos

Attach a copy to this form