

Informed Consent for Light Energy Tattoo Removal

Customer's name: _____ Date: _____

I, _____ consent to and authorize _____ and members of his/her staff to perform multiple treatments, light energy procedures and related services on me. The procedure planned uses light energy technology for the removal of tattoos.

As a patient you have the right to be informed about your treatment so that you may make the decision whether to proceed for light energy tattoo removal or decline after knowing the risks involved. This disclosure is to help to inform you prior to your consent for treatment about the risks, side effects and possible complications related to light energy tattoo removal:

The following problems may occur with the tattoo removal system:

1. **The possible risks of the procedure include but are not limited to** pain, purpura, swelling, redness, bruising, blistering, crusting/scab formation, ingrown hairs, infection, and unforeseen complications which can last up many months, years or permanently.
2. **There is a risk of scarring.**
3. **Short term effects may include reddening, mild burning, temporary bruising or blistering.** A brownish/red darkening of the skin (known as hyperpigmentation) or lightening of the skin (known as **hypopigmentation**) may occur. This usually resolves in weeks, but it can take up to 3-6 months to heal. Permanent color change is a rare risk. Loss of freckles or pigmented lesions can occur.
4. **Textual and/or color changes in the skin can occur and can be permanent.** Many of the cosmetic tattoos and body tattoos are made with iron oxide pigments. Iron oxide can turn red-brown or black. Titanium oxide and other pigments may also turn black. This black or dark color may be un-removable. Because of the immediate whitening of the exposed treated area by the light energy, there can be a temporary obscuring of ink, which can make it difficult or impossible to notice a specific color change from the tattoo removal process.
5. **Infection:** Although infection following treatment is unusual, bacterial, fungal and viral infections can occur. Herpes simplex virus infections around the mouth can occur following a treatment. This applies to both individuals with a past history of herpes simplex virus infections and individuals with no known history of herpes simplex virus

infections in the mouth area. Should any type of skin infection occur, additional treatments or medical antibiotics may be necessary.

6. **Bleeding:** Pinpoint bleeding is rare but can occur following treatment procedures. Should bleeding occur, additional treatment may be necessary.
7. **Allergic Reactions:** There have been reports of hypersensitivity to the various tattoo pigments during the tattoo removal process especially if the tattoo pigment contained Mercury, cobalt or chromium. Upon dissemination, the pigments can induce a severe allergic reaction that can occur with each successive treatment. Noted in some patients are superficial erosions, bruising, blistering, milia, redness and swelling which can last up to many months, years or permanently.
8. Compliance with the aftercare guidelines is crucial for healing, prevention of scarring, and hyper-pigmentation. Aftercare guidelines include avoiding the sun for 2 months after the procedure. If it is necessary to be in the sun, a sunscreen with SPF 25 or greater must be used.
9. I understand that multiple treatments will be necessary to achieve desired results. No guarantee, warranty or assurance has been made to me as to the results that may be obtained. Complete tattoo removal is not always possible as tattoos were meant to be permanent.

Occasionally, unforeseen mechanical problems may occur and your appointment will need to be rescheduled. We will make every effort to notify you prior to your arrival to the office. Please be understanding if we cause you any inconvenience.

ACKNOWLEDGMENT:

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release _____ (individual) and _____ (facility) and _____ (doctor) from all liabilities associated with the above indicated procedure.

Client/Guardian Signature _____ Date _____

Light energy Technician Signature _____ Date _____

New Client Form
Medical Intake Form

Please Print:

Today's Date _____ Date of Birth _____

Last Name _____ First Name _____

Street Address _____

City, State, Zip Code _____

Where may we reach you? _____

Home Telephone _____ Work _____ Cell _____

Email Address _____ @ _____

Occupation _____

How did you hear about us? _____ What brings you in today? _____

What is your ethnicity?(i.e. German, Italian, Irish, Etc. Information needed to determine skin type and treatment) _____

Do you have any current or chronic medical conditions about which we should know? Yes/No

If yes, please specify _____

Do you take any medications, herbal or natural supplements on a daily basis? Yes/No

If yes, please specify _____

Do you take any allergies to medications, foods, latex or any substance? Yes/No

If yes, please list _____

Have you taken any oral Isotretinoin in the past year? Yes/No
(i.e. Accutant, Sotret, Claravis, Amnesteem)

Do you have a history of cold sores, fever blisters or Herpes I or II? Yes/No

If yes, when was your last outbreak? _____

(For women) Are you or could you be pregnant? Yes/No

Do you have a history of hypo or hyper - pigmentation? Yes/No

Do you have a history of keloid scarring (raised scars)? Yes/No

New Client Form Cont.

Have you ever gotten a rash or allergic reaction to heat or sun exposure? Yes/No

Do you have Diabetes? Yes/No

Do you have Epilepsy?
Yes/No

Do you have any disease in which your Immune system may be compromised? Yes/No

If yes, please explain_____

Have you ever had any skin treatments such Laser treatment, microdermabrasion, chemical peel, botox, filler, or other injections? Yes/No

If yes, when was the last time_____

What skin care products are you currently using?_____

Are you happy with these products? Yes/No

Do you/ have you used any topical medications or creams such as Retin A or Retinal? Yes/No

If yes, please specify _____

Do you have your Permanent makeup or tattoos?

If yes, please specify and list locations_____

Tell us about your skin...

Normal_____ Dry_____ Oily_____

Acne_____ Large Pores_____

Melasma (hormones cause pigmentation in face) Hyper Pigmentation _____

Broken Capillaries_____

Natural Hair Color _____ Eye Color _____

Any additional comments or concerns about your skin? _____

Dr. Joseph G. Protain

Laser Tattoo

Removal&Fading



Dr. Joseph G. Protain
813 Kentwood Dr.
Boardman, OH 44512
(330)953-3515

Post Treatment Skin Care Instructions

You have been treated with a Quality Switched Laser. The treated area is very delicate and should be treated gently. An antibiotic ointment has been applied to the treated area; please keep area wrapped for the next 72 hours. We ask that you change your bandage twice a day (morning and night). To prevent any complications, please follow these instructions:

- Keep the treated site moist with an antibiotic ointment such as Polysporin, which is available over the counter, until irritation subsides- generally 3-4 days.
- Do not let the area dry out or scab especially over the next 48 hours.
- In the event that a blister forms, do not pop it, let the blister run its course and pop on its own.
- After the initial 24 hours, you may shower but do not scrub the area until completely healed.
- Avoid exercise or any activity that will overheat the area for roughly 24 hours. If the area still feels warm after 24 hours, please continue to avoid overheating.
- You may feel discomfort for the first 24 hours. If tolerated, you may take a NON-ASPIRIN pain reliever.
- If site feels hot and/or swollen you may ice over the course of the healing.
- The skin should heal normally in 10-14 days.
- Over the next 72 hours, drinking plenty of water and eating a light diet will help your lymphatic system drain.
- Contact our office immediately should you have any questions or concerns. If it is after hours, you can leave a message and or you may email office@drprotain.com with any questions or concerns.

The tattoo will begin to look foggy; this is the beginning of the fading process that will take place over the next month or so. The total fading process can take up to eight weeks. Green inks fade slower and may take up to 16 weeks to achieve maximum fading.