



NEWPORT MEDICAL
—AND WELLNESS—

PICO TATTOO REMOVAL CONSENT

Your permission is necessary before commencing any treatments. This form is intended to be a tool to ensure that you have been informed about your procedure as well as the risks and benefits.

_____ I understand that the success of tattoo removal varies greatly depending on the age of the tattoo and the concentration of pigment colors.

_____ The number of treatments vary widely depending on who applied the tattoo (professional vs. homemade).

_____ I understand that most commonly, six treatments are necessary to remove the pigment. In some cases, additional treatments may be needed.

_____ I understand that there is no guarantee that all pigment will be removed by the laser. Black, blue, and green ink are easier to remove. Red, orange, sky blue, and yellow ink are more difficult to remove.

_____ I understand that my skin was originally scarred by the tattoo application needle. This injury will remain even if all pigment is removed.

_____ I understand that my skin will be extremely sensitive to sunlight following the procedure. I agree to refrain from tanning for 1 week prior and 1 week following treatment. SPF 30 or higher should be worn when exposed to the sun.

_____ I understand that Hyper-pigmentation, Hypo-pigmentation (loss of skin color) is a possible side effect. In extremely rare cases this can be permanent.

I have read and understand this agreement and all my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement.

Patient Name (Print): _____

Patient Signature: _____ Date: _____

Witness: _____