

TATTOO REMOVAL TREATMENT

CONSENT FORM



ABSOLUTE COSMETIC MEDICINE

EVALUATION: All tattoos are evaluated in terms of type: home tattoo, permanent makeup, professional tattoo, length of time the tattoo has been present, and any obvious skin reactions or pre-existing textural changes. Your initial consultation will help us determine whether you are a good candidate for laser tattoo removal and if you can expect any treatment-resistant areas, etc. Your tattoo may be photographed and measured prior to the operative protocol being determined and discussed with you.

PROCEDURE: An anaesthetic cream may be applied prior to the laser treatment to minimise discomfort. Immediately before the treatment, ice may be applied to help cool the skin and provide additional numbing. Treatment times will vary depending on your tolerance to the laser but can usually be accomplished very quickly due to the speed of the laser.

POST TREATMENT CARE: Immediately after your tattoo laser session, the tattoo ink may become white in colour, and the treated area may become somewhat swollen and red. This usually subsides with icing and the application of a topical steroid cream within 30 to 360 minutes.

COMPLICATIONS: Complications are possible with any laser procedure. These can include crusting or blistering with eventual dyschromia (i.e., lightening or darkening of the skin) and, rarely, textural changes or scarring. You may also have residual areas of ink that do not respond to treatment and may require alternative therapies as outlined below. Finally, a generalised allergic reaction can occur in sensitised individuals after lasering certain ink colours.

****Breast Feeding:** I understand that any stress on the body can affect milk supply, and I **cannot** use numbing cream for this procedure. I am aware that recent studies suggest that tattoo removal may have carcinogenic effects.

CONTRAINDICATION: History of previous gold therapy for arthritis.

I understand that no guarantees or warranties have been made to me regarding the outcome or any improvements in my condition due to this procedure. I have been given the opportunity to ask questions and have received satisfactory answers from the treating physician and staff.

I consent to the taking of photographs for documentation during the course of my treatment. These photographs may be used in medical publications to further benefit educating other doctors and the general public. All attempts will be made to protect my identity.

Finally, I certify that I have read and fully understand the contents of this form and that the disclosures referred to above were made before my signing the form below.

I understand that multiple treatments, at my own expense, will be necessary.

Patient's Signature Date Witness Signature

Contact Information:

- t 9389 9099
- f 9389 9390
- e reception@absolutecosmetic.com.au
- www.absolutemakeover.com.au

Clinic Addresses:

- Suite 2, 21 Stirling Hwy, Nedlands 6009