

Sierra Nevada Wellness Center

3160 Vista Blvd. Sparks, NV 89436

(775) 352-7200

Laser TATTOO Removal Consent

Please, read carefully and initial next to each statement:

_____ I am not pregnant, nursing, or trying to become pregnant.

_____ I have stopped use and been off of all antibiotics, or any other drug that may cause photosensitivity, for at least 7 days.

_____ I have not used Accutane or any other isotretinoin medication in the past 6 months.

_____ I have not used self tanner in the area to be treated in the past 7 days.

_____ For best results, I have been informed multiple treatments will be necessary.

_____ I have been understand the risks and complications that may be associated with this procedure. I have been informed the risks and complications may include, but are not limited to: bruising and purpura (red-purple discoloration), bleeding, infection, hyperpigmentation (darkening of the skin) and may be permanent, hypopigmentation (lightening of the skin) and may be permanent Itching or a hive-like response, burns, blisters, textural changing or scarring, swelling, redness and/or discomfort.

_____ After laser treatment, redness, swelling, welting, itching, dry skin and/or discomfort may occur. I understand these complications typically resolve within a few hours, days, weeks, or months; however, some complications such as scarring, hyperpigmentation, and/or hypopigmentation may be permanent.

_____ I understand any redness, swelling, and/or discomfort usually resolves within several hours, but may last for 2-3 days.

_____ The treated area may feel like a sunburn or windburn (minor discomfort) for a few hours after treatment. Discomfort may be treated with the application of cool compresses, antibiotic ointment, Aquaphor, and/or topical soothing agents.

_____ I am aware I will be given aftercare instructions regarding care of the treated area(s). I understand it is important to follow all aftercare instructions carefully to minimize the risks of incomplete healing, scarring, and/or skin textural changes.

_____ I understand I need to avoid direct sunlight, because sun sensitivity of the treated area may remain for several weeks after a laser treatment.

_____ I understand I need to protect my skin from the sun and I need to use a broad spectrum UVA/UVB protective sunscreen in order to reduce the risk of damage to the skin. I understand I must wear a broad spectrum UVA/UVB protective sunscreen during instances where I am exposed to sunlight. These instances include, but are not limited to: sitting in the car, walking to the mailbox or sitting in sun light of any kind.

_____ I understand my skin may be sensitive for a week or more after laser treatment and I should avoid using extremely hot water and skin care products that may cause irritation. These skin care products may include, but are not limited to: scrubs, toners, retinoids, glycolic acids, anti-aging ingredients, and/or acne products.

_____ I understand laser tattoo removal is a cosmetic procedure that is elective and is not covered by insurance.

_____ I understand, recognize, and acknowledge Sierra Nevada Wellness Center, the laser technicians, estheticians and/or any other staff members of Sierra Nevada Wellness Center have made no guarantees to me concerning the results of my laser treatments.

_____ I have provided my past and current medical history and medications.

_____ Contraindications of this procedure have been discussed in detail with me.

_____ I have read and understand all information presented to me concerning this procedure before signing this consent form.

_____ Questions I have about the risks, benefits, and results pertaining to this procedure have been answered and discussed to my satisfaction.

Patient Name (printed): _____ Date: _____

Patient Signature: _____ Date: _____

Staff/Witness Signature: _____ Date: _____