

Consent Form (Laser Tattoo Removal)

Studio: _____

Technician: _____

Client: _____

Appointment: _____ at _____

Client Information

Phone: _____

Email: _____

Date of Birth: _____

Tattoo Details

Tattoo Location: _____

Tattoo Size: _____

Ink Colors: _____

Approximate Age of Tattoo: _____

Laser Used: _____

- **Tattoo Type:**

- ☐ Professional tattoo
- ☐ Amateur or homemade tattoo
- ☐ Cosmetic tattoo (brows, lips, eyeliner, or other PMU)
- ☐ Tattoo that has already been covered up or treated before

- **Goal:**

- ☐ Full removal
- ☐ Fading for a cover-up or new work

Test Spot

• Test spot completed?

- ☐ Yes. Date: _____. Result: _____
- ☐ No. I declined the test spot and accept the added risk.
- ☐ I understand a test spot shows how my skin and ink react, but it can't predict the full result.

Expectations

- ☐ I understand removal takes multiple sessions spaced weeks apart. The number of sessions can't be predicted exactly. It depends on ink colors, depth, age of the tattoo, location, skin type, and my health.
- ☐ I understand full removal is not guaranteed. Some ink may remain, or a faint outline may stay.
- ☐ I understand some ink colors are harder to remove than others.
- ☐ I understand that cosmetic tattoos and some inks (such as white, skin-tone, and some red, pink, or brown inks) can turn darker, gray, or black after treatment. This is called paradoxical darkening. It may take more sessions to treat and may not fully clear.
- ☐ I understand sessions are billed according to studio policy, and payment doesn't depend on how fast or how fully the tattoo clears.

Side Effects and Risks

- ☐ I understand redness, swelling, pinpoint bleeding, and a white "frosting" on the skin are common right after treatment.
- ☐ I understand blisters and scabs may form. I won't pop, pick, or peel them.
- ☐ I understand the treated skin may turn lighter (hypopigmentation) or darker (hyperpigmentation). This is often temporary, but it can be permanent.
- ☐ I understand scarring and changes in skin texture can happen. Picking, sun exposure, and a history of scarring raise this risk.
- ☐ I understand other risks include pain during treatment, infection, and allergic reaction.

Eye Protection

- ☐ I will wear the eye protection given to me for the entire treatment and keep it on until staff tell me to remove it. Laser light can cause serious eye injury.

Sun and Tanning

- ☐ I will avoid tanning, tanning beds, and self-tanner on the treatment area before and between sessions, as directed. Tanned skin raises the risk of burns and skin color changes.
- ☐ I will protect the treated area from the sun while it heals and between sessions.

Medical Screening

- **Taking any medications or supplements that make your skin sensitive to light (some antibiotics, acne medications, or herbal supplements)?**

- ☐ Yes, list: _____
- ☐ No
- ☐ Not sure

If you're not sure, ask your doctor or pharmacist. Don't stop any medication without talking to your doctor.

- **Accutane (isotretinoin) in the past 12 months?**

- ☐ Yes
- ☐ No

Ask your prescribing doctor before booking.

- **Pregnant or nursing?**

- ☐ Yes
- ☐ No

Talk to your healthcare provider. Many studios wait until after pregnancy and nursing.

- **Keloid or raised (hypertrophic) scarring history?**

- ☐ Yes
- ☐ No

- **Seizure disorder or sensitivity to flashing light?**

- ☐ Yes
- ☐ No

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• **Blood-thinning medications or bleeding disorder?**

☐ Yes

☐ No

• **Diabetes, slow healing, or immune conditions?**

☐ Yes

☐ No

• **Rash, infection, or skin condition on or near the tattoo?**

☐ Yes, describe: _____

☐ No

• **Known allergies (latex, topical numbing creams, other)?**

☐ Yes, describe: _____

☐ No

Other relevant medical information: _____

Consent

☐ I agree to follow the aftercare instructions between sessions.

☐ I consent to photos of the treatment area for my treatment record.

☐ *(Optional)* I consent to before and after photos for marketing. I can say no without it affecting my treatment.

☐ I certify that I have answered these questions truthfully. I will tell staff about any changes to my health or medications before each session.

☐ My decision to get laser tattoo removal is my own, and I consent to the treatment described above.

Client Signature: _____ **Date:** _____

Technician/Staff Signature: _____ **Date:** _____