



Consent Form (Saline Tattoo Removal)

Studio: _____

Artist: _____

Client: _____

Appointment: _____ at _____

Client Information

Phone: _____

Email: _____

Date of Birth: _____

Treatment Details

• **Treatment Area:**

- ☐ Eyebrows
- ☐ Lips
- ☐ Small body tattoo
- ☐ Other: _____

• **Goal:**

- ☐ Lighten before new PMU
- ☐ Correct shape or color
- ☐ Full removal

Solution Used: _____

Previous Removal Treatments on This Area: _____

How It Works

- ☐ I understand saline removal uses a tattoo device to work a saline-based solution into the tattooed skin. Some pigment lifts out as the skin heals and forms a scab. This is not a laser treatment.

Expectations

- ☐ I understand I'll likely need multiple sessions, spaced weeks apart so my skin can fully heal. My artist will tell me how long to wait.
- ☐ I understand results vary and full removal is not guaranteed. Some pigment may remain.
- ☐ I understand the area may look worse before it looks better. It may look red, dark, or uneven while it heals.
- ☐ If I plan new PMU over this area, I'll wait until my skin has fully healed and my artist says it's ready.
- ☐ I understand sessions are billed according to studio policy, and payment doesn't depend on how fast or how fully the pigment clears.

Scab Care

- ☐ I understand a scab will form and must fall off on its own. Picking or peeling it can pull pigment out unevenly and raise the risk of scarring.
- ☐ I will keep the area clean and dry as directed, and follow the aftercare instructions exactly.
- ☐ I won't put makeup, creams, or other products on the area until it heals, unless my artist says it's okay.

Risk Acknowledgement

- ☐ I understand risks include redness, swelling, oozing, scabbing, infection, scarring, changes in skin texture, and lighter or darker skin color.
- ☐ I understand the risk of scarring is higher if I pick the scab, have a history of keloids, or treat the same area again too soon.
- ☐ 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.

Prefer not to print? Run this form digitally — clients sign on their phone before they arrive.
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Medical Screening

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

☐ Yes

☐ No

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

☐ Yes

☐ No

Ask your prescribing doctor before booking.

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

☐ Yes

☐ No

Don't stop a prescribed medication without talking to your doctor.

- **Pregnant or nursing?**

☐ Yes

☐ No

Talk to your healthcare provider before booking.

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

☐ Yes

☐ No

- **Rash, infection, or skin condition in the treatment area?**

☐ Yes, describe: _____

☐ No

- **Botox or fillers in the treatment area in the past 4 weeks?**

☐ Yes. Date of last treatment: _____

☐ No

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

☐ Yes, describe: _____

☐ No

Other relevant medical information: _____

- ☐ I certify that I have answered these questions truthfully and to the best of my knowledge.
- ☐ My decision to get saline removal is my own, and I consent to the treatment described above.

Client Signature: _____ **Date:** _____

Artist/Staff Signature: _____ **Date:** _____