

Name _____ DOB _____ DOS _____

CC: Patient Presents for Laser Tattoo Removal.

Age of tattoo _____

Problems with tattoo other than cosmetic objection? Yes No

Patient experienced any adverse reactions to lasers in the past? Yes No

Patient pregnant at this time? Yes No

Patient had abnormal scarring in the past? Yes No

Patient on any medications that would cause hypersensitivity to the laser? Yes No

Patient allergic to any medications or other substances? Yes No

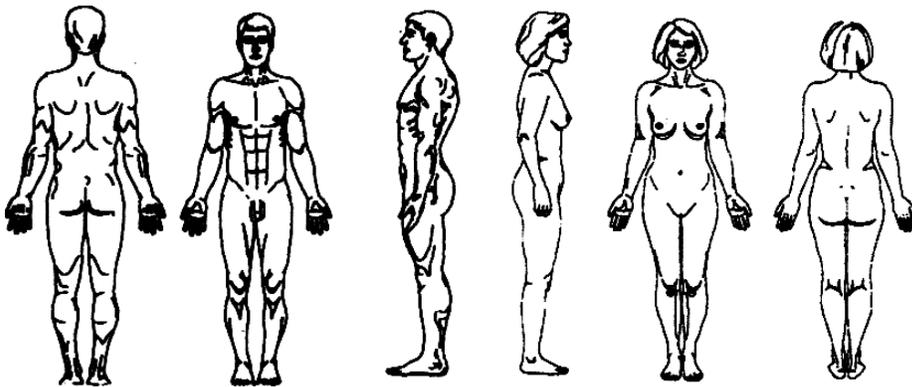
PE: Patient presents with skin type _____

Skin appears to be intact with no erythema, edema, scarring, or lesions. Yes No

The skin has abnormal pigmentation secondary to tattoo pigment Yes No

Patient appears to be a good candidate for laser tattoo removal. Yes No

Notes: _____



TX: Laser tattoo removal using lasers to remove the pigmentation in the tattoo.

TREATMENT NUMBER	TREATMENT AREA	WAVELENGTH USED	SPOT SIZE	F J/cm2	Hz PPS	FEE CHARGED	PAID AMOUNT	BALANCE OWED

Post TX: _____

Patient has/ has not been given "Tattoo Removal Aftercare Instructions" and will notify me if there are any non-emergent questions or concerns and will call 911 in case of an emergency.

RTC: 6 weeks 8 weeks 10 weeks Tattoo Fully Removed

Certified Laser Specialist _____



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Tattoo Removal Aftercare Instructions

The tattoo removal laser treatment may create a superficial burn wound. Some patients may experience bruising or swelling. There is immediate whitening of the treated area, which usually lasts for several minutes. Many clients then develop blisters, crusts, or scabs within 8-72 hours, which may last for 1-2 weeks or more. The treated areas may be pink or pale after the scab separates. Scarring, which can be hypertrophic or even keloid, can occur but is very rare. Loss of skin pigment in the treated area can occur and is temporary except in very rare cases. Healing is usually complete within 4 weeks, although this may vary.

1. Keep the treated area clean and dry while it is healing. Clean the area gently with soap and water and then pat the area dry. You may apply a thin coating of ointment up to three times a day for 3 days while the area is healing and you should keep the area covered with a sterile dressing for those 3 days.
2. Blistering is common and is likely to occur within 8 hours after your treatment. Do not be alarmed as blisters heal very well and are part of the normal healing process. Blisters indicate your body's immune system is healing the area and beginning to remove the ink from your tattoo. It is natural for blisters to pop, and please continue to cover with a sterile bandage until blisters have healed. Continue to put antibiotic ointment over the blisters once they have popped for at least 24 hours.
3. You may apply cool compresses as necessary for 24 hours after the laser treatment to help reduce discomfort and inflammation. You may take plain Tylenol, but avoid aspirin (it can increase the risk of bruising and/or bleeding.)
4. Do not pick at the scab or allow the skin to become scraped, as this may result in infection and scarring. Shaving should be avoided in the treated area until it is completely healed.
5. Feel free to shower 2 hours after the treatment, but take care to avoid high pressure water hitting the treated area. Baths, hot tubs, swimming pool, or any form of soaking are not recommended until all blistering and scabbing are completely healed as they may increase the risk of infection.
6. Exercise is generally safe after treatment taking into account the other after care instructions provided here.
7. Wear a sun block with an SPF of 25 or higher over the area for 1 month following the treatment. Do not wear makeup or any cream or medication on or near the treated area unless recommended by our office for 48 hours.
8. Itching is very common due to the dehydrating effect of the laser treatment. Use Aquaphor, vitamin E ointment, or hydrocortisone cream to the treatment area.
9. If the area looks infected (honey colored crusting and oozing or spreading redness), if you experience an unusual discomfort or bleeding, if any other complications develop, or if you have any questions or concerns, contact the office immediately.
10. Of course, if you have any extreme reaction, call 911 and go to the emergency department.

CLIENT INFORMATION & MEDICAL HISTORY

Please complete the following questionnaire prior to treatment. All information is strictly confidential.

PERSONAL HISTORY

Client Name _____ Today's Date _____

Date of Birth _____ Age _____ Occupation _____

Home Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Email _____

Emergency Contact Name and Phone _____

How did you hear about us? Please circle one

INTERNET SEARCH (Google / Yahoo / MSN): Search Term Used: _____

OTHER: _____ REFERRED BY: _____

Which of the following best describes your skin type? (Please circle one type number)

- | | | | |
|-----|---|----|--|
| I | Caucasian, fair skin, light eyes | IV | Mediterranean, Asian, Hispanic |
| II | Caucasian, fair to tan skin, medium eyes | V | Middle Eastern, Latin, Light-skinned African, Indian |
| III | Darker Caucasian, light Asian, Tan complexion | VI | Dark-skinned African |

How old is your tattoo for removal? _____ Is it homemade or professional? _____

Short description of your tattoo(s): _____

MEDICAL HISTORY

Are you currently under the care of a physician? Yes No If yes, for what: _____

Are you currently under the care of a dermatologist? Yes No If yes, for what: _____

Have you ever had a reaction to a previous laser treatment, heat treatment, or radiation therapy? Yes No

Do you have any of the following medical conditions? (Please check all that apply)

- Cancer Diabetes Herpes Arthritis Frequent cold sores HIV/AIDS Keloid scarring Skin disease/Skin lesions Seizure disorder Hepatitis
- Blood clotting abnormalities Any active infection

Do you have any other health problems or medical conditions? Please list: _____

MEDICATIONS

What oral medications are you presently taking? Please List: _____

Have you ever taken Accutane for acne? Yes No If yes, when did you last use it? _____

What topical medications or creams are you currently using? Retin-A® Others (Please list): _____

Have you ever had an allergic reaction to any medication? Please List: _____

HISTORY

Do you currently have a sunburn? Yes No

Do you form thick or raised scars from cuts or burns? Yes No

Do you have Hyperpigmentation (darkening of the skin) or Hypopigmentation (lightening of the skin) or marks after physical trauma? Yes No

If yes, please describe: _____

For our female clients: Are you pregnant or trying to become pregnant? Yes No Are you breastfeeding? Yes No

I certify that the preceding medical, personal and skin history statements are true and correct. I am aware that it is my responsibility to inform the technician, doctor, or nurse of my current medical or health conditions and to update this history. A current medical history is essential for the caregiver to execute appropriate treatment procedures.

Signature _____ Date: _____

Informed Consent for Laser Tattoo Removal

I, _____, consent to and authorize East Hill Laser & Aesthetics to perform multiple treatments, laser procedures, and related services on me. The procedure planned uses laser technology for the removal of tattoos.

As a patient you have the right to be informed about your treatment so that you may make the decision whether to proceed for laser tattoo removal or decline after knowing the risks involved. This disclosure is to help to inform you prior to your consent for treatment about the risks, side effects and possible complications related to laser tattoo removal.

The following problems may occur with the laser tattoo removal process:

1. **The possible risks of the procedure include but are not limited to** pain, swelling, redness, bruising, blistering, crusting/scab formation, ingrown hairs, infection, and unforeseen complications which can last up to many months, years, or permanently.
2. **There is a risk of scarring.** Scarring happens but is uncommon. Scarring can be permanent.
3. **Short-term effects may include reddening, mild burning, temporary bruising, or blistering.** A brownish/red darkening of the skin (known as **hyperpigmentation**) or lightening of the skin (known as **hypopigmentation**) may occur at times up to 3-6 months, years, or permanently following treatment. Loss of freckles or pigmented lesions can occur.
4. Textural changes in the skin can occur and can be permanent.
5. **Infection:** Although infection following treatment is unusual, bacterial, fungal, and viral infections can occur. Should any type of skin infection occur, additional treatments, or medical antibiotics may be necessary.
6. **Bleeding:** Pinpoint bleeding is rare but can occur following treatment procedures. Please follow the basic after-care instructions to prevent the risk of infection.
7. **Allergic Reactions:** Upon dissemination, the pigments can induce a severe allergic reaction that can occur with each successive treatment. This may occur if you are allergic to the ink in your tattoo, or to the topical ointments (Neosporin or similar) applied after the laser procedure.
8. I understand that exposure of my eyes to light could harm my vision. I must keep the eye protection goggles on at all times.
9. Compliance with the aftercare guidelines is crucial for healing and the prevention of scarring and skin tone changes.

Occasionally, unforeseen mechanical problems may occur and your appointment will need to be rescheduled. We will make every effort to notify you prior to your arrival to the office. Please be understanding if we cause you any inconvenience.

We occasionally may use photographs taken before or after treatments in order to assess, promote, train, or improve our services. These will be used anonymously and only include the treated area and not associated with any particular patient.

ACKNOWLEDGMENT:

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release East Hill Laser & Aesthetics its staff, and medical director from all liabilities associated with the above indicated procedure.

Client/Guardian Signature _____ Date: _____

Certified Laser Specialist _____ Date: _____