

**PATIENT INFORMED CONSENT FORM
FOR TATTOO REMOVAL WITH ENLIGHTEN SYSTEM**

I hereby authorize Dr. Holland or Dana Martin under Dr. Holland's supervision to perform tattoo removal treatment on me. I understand I may not experience complete clearance, and that it may take multiple treatments. Some tattoos may not respond at all and, in rare cases, may become darker.

The procedure may result in the following adverse experiences or risks:

- **DISCOMFORT** – For tattoo removal treatments moderate to significant discomfort is expected. Most patients describe the discomfort as less than when the tattoo was applied. Some areas are more sensitive than others. Topical and local anesthetic options may be available if required.
- **PURPURA** – The area may appear to be bruised after treatment. The bruising will typically fade in 5-7 days.
- **BLISTERS/SCABS/CRUSTING** – These may occur and usually take 4-10 days to heal.
- **PETECHIAE OR PINPOINT BLEEDING** – Pinpoint bleeding or oozing may develop and can continue up to 2 days post-treatment.
- **HYPER/HYPOPIGMENTATION** – Skin can develop temporary lightening or darkening after laser treatment. Hyperpigmentation can be worsened with sun exposure. Hypopigmentation usually occurs after multiple treatments. Pigmentary issues typically resolve with time but can be permanent.
- **TEXTURE CHANGES** – Transient texture changes are often noted but usually resolve with time.
- **EDEMA AND ERYTHEMA** – Swelling and redness often occur, but will subside in 2-5 days and can be reduced with regular ice application.
- **ALLERGIC REACTION** – Patients who have had a prior allergic reaction to ink during tattoo application may have a similar reaction after laser treatment. Please inform us if you experienced any side effects when your tattoo was applied.
- **INFECTION** – Despite good wound care, pain, swelling, oozing, and fever can indicate the development of an infection. Topical and/or oral antibiotics may be necessary. If signs of infection develop, such as pain, heat, or surrounding redness, please call our office __ (Phone number)_____.
- **SCARRING** – Scarring is a rare occurrence, but it is a possibility if the skin's surface is disrupted. To minimize the chances of scarring, it is important that patients follow all post-treatment instructions provided. Good post-treatment care can help reduce the possibility of scarring.
- **INCOMPLETE TATTOO REMOVAL** – Multiple treatments are required, and complete clearing is not always possible. Not all ink colors and compositions will respond to tattoo removal treatment.
- **PARADOXICAL DARKENING OR COLOR CHANGE** – Some tattoo inks, including many lighter and skin-tone inks, may darken or change color in response to treatment.
- **"BLEEDING" OF INK INTO SURROUNDING SKIN** – May result in smudging or loss of definition of a tattoo rather than removal.
- **SUN EXPOSURE / TANNING BEDS / ARTIFICIAL TANNING** - May increase risk of side effects and adverse events.
- **EYE EXPOSURE** – Protective eyewear (shields) will be provided to you during the treatment. Failure to wear eye shields during the entire treatment may cause severe and permanent eye damage.

I acknowledge the following points have been discussed with me:

- Potential benefits of the proposed procedure, including the possibility that the procedure may not work for me
- Alternative treatment options, including the option of leaving the tattoo untreated
- Possible complications/risks involved with the proposed procedure and subsequent healing period

For women of childbearing age: By signing below I confirm that I am not pregnant and do not intend to become pregnant anytime during the course of treatment. Furthermore, I agree to keep Dr. Holland and staff informed should I become pregnant during the course of treatment.

Photographic documentation will be taken. I hereby do ___ /do not___ authorize the use of my photographs for teaching purposes.

ACKNOWLEDGMENT

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS INFORMED CONSENT FOR TATTOO REMOVAL AND THAT AND THAT I HAVE HAD ALL MY QUESTIONS ANSWERED TO MY SATISFACTION.

Signature-Patient or Guardian

Print Name/Relationship

Date

Signature-Witness

Print Name

Date