



NAME _____ CHART _____ DATE _____

TATOO REMOVAL PRE-TREATMENT INSTRUCTIONS

Avoid sun exposure including tanning beds for 2 weeks prior and 2 weeks after the treatment.

A cold compress can be applied for 10-15 minutes prior to the treatment.

Avoid pain medication such as Motrin, Aleve and aspirin 3 to 7 days prior to the treatment.

POST TREATMENT INSTRUCTIONS

On completion of a tattoo removal treatment, patients may experience minor discomfort and redness. This discomfort will subside quickly. However, the redness will last for 24-48 hours. Once the redness is gone the treated area will look similar to the way it did prior to treatment. Pin point bleeding may also occur.

Patients may wash the treated area as normal.

It is recommended that the treated area be covered with an antibiotic ointment for 1-week.

The body will absorb the broken up ink and the area should be retreated every 9-weeks.

Multiple treatments may be required to achieve the desired result.



NAME _____ CHART _____ DATE _____

CONSENT TO TREATMENT

Tattoo and Pigmented Lesion Removal

I authorize and consent to the treatment with the Spectrum Laser System manufactured by Rohrer Aesthetics, LLC.

I have been advised of the purported advantages and disadvantages associated with this treatment.

I understand that treatment with this laser system varies from patient to patient and that that more than 1 treatment may be required.

Although rare, adverse outcomes such as hyperpigmentation and/or hypopigmentation (darkening or lightening of the skin), skin texture changes, and trace scarring can occur.

No guarantees have been made to me regarding the outcome of the treatment or any improvements in my condition due to the procedure.

I understand that the possible benefits are the reduction and possibly the elimination of pigmented lesions and/or ink used for tattoos.

Due to the brilliance of the laser light energy used, I agree to wear eye protection to shield my eyes.

I have been given the opportunity to ask questions and have received satisfactory answers to those questions.

I hereby authorize the taking of photographs.

I hereby indemnify and hold harmless Rohrer Aesthetics, LLC and their employees, the treating technician, and the staff of the Ferguson Clinic from any and all liability, damages, costs and expenses arising from or out of the use of the Spectrum Laser System.

With all of the above information understood, I am choosing to be treated with the Spectrum Laser System.

Patient/Guardian's Signature

Date

Witness' Signature

Date