



CONSENT FOR PIGMENT LIGHTENING

The nature and method of the proposed pigment lightening procedure has been explained to me, including risks or possibility of complications during or following its performance. I understand there may be certain amount of discomfort or pain associated with the procedure and that the other adverse side effects may include: minor and temporary bleeding, bruising, redness or other discoloration and swelling. Secondary infection in the area of the procedure may occur. However, if properly cared for, this is rare. _____ (initials)

I understand that several treatments may be needed in order to attempt to achieve my desired results. _____ (initials)

I understand that the previous unwanted pigment may not be successfully lightened to the point that it can no longer be seen. Scarring as hyper-pigmentation or hypo-pigmentation, or other damage to the skin may occur during this process and may be permanent.

I will not hold my technician and/or the distributor of tattoo removal products used in this attempted pigment removal liable for any damages that may occur to my person. _____ (initials)

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

- I. Always burns, never tans
- II. Always burns, sometimes tans
- III. Sometimes burns, always tans
- IV. Rarely burns, always tans
- V. Brown, moderately pigmented skin
- VI. Black skin

For skin types V and VI and saline removals only.

I understand that I am at a higher risk for hyper-pigmentation and hypo-pigmentation than other skin types. I agree to the risks involved. _____ (initials)

I understand that lightening tattoo pigment is difficult, if even possible and that there are no guarantees with this procedure. As a result, I will not hold my technician or this establishment responsible for any resultant failure to lighten the unwanted pigment. _____ (initials)

I agree to submit to before and after photographs and give my permission to use such photographs for publication and/or teaching purposes. _____ (initials)

I have been duly informed of the risks, possible complications and consequences as listed above. _____ (initials)

I understand all information listed above, have had my questions answered and agree to all conditions and provisions of this document as evidenced by my signature below. I accept the risks for having this procedure done. _____ (initials)

Client Name (printed) _____

Client Signature _____

Technician/Tattoo Artist Signature _____ Date _____