

LASER TATTOO REMOVAL CONSENT

Patient Name _____

I authorize Dr. Krieger / Goldberg or his designated associate to perform laser therapy on me. The Spectra QT laser is a device that produces an intense burst of laser light that fragments the tattoo pigment allowing natural processes in the body to clear the pigment. To protect my eyes from the intense light, I will have my eyes covered with an opaque material or wear laser protective glasses.

I have been informed that scarring, blistering, bruising, hypopigmentation, hyperpigmentation and textural changes in the skin are possible complications of treatment. Usually, if they occur, they are temporary and resolve in a few weeks.

For best results, I have been informed that multiple treatments will be necessary. The total number of treatments required varies and cannot reliably be predicted. Anesthesia is usually not necessary although some more sensitive areas may require application of a topical anesthetic prior to my treatment or possibly injection of local anesthesia.

I consent to taking photographs during the course of my laser therapy for the purpose of medical education, documentation of therapy, and for use in print or web based marketing.

I understand that immediately following the laser treatment, the treated area will appear discolored with some blistering and oozing. Swelling may appear and last for several days. The area treated will remain sensitive for several hours after treatment. I understand that it is important to protect the treated areas from sun exposure both before and after treatment to minimize risk for pigmentation changes Antibiotic ointment will be applied after the treatment and need be continued for several days until the treated area has healed.

Improper care may increase the chance of scarring or textural skin changes.

The above issues have been discussed with me and all my questions have been satisfactorily answered. I have read and understand all information presented to me before signing this consent.

Patient or Legal Guardian

Date: _____

Witness

Date: _____