



TATTOO CORRECTION AND REMOVAL CONSENT FORM

The PicoSure™ uses an Alexandrite laser that can see all colors of ink, including green and blue which have been difficult to remove in the past. This wavelength, delivered in picoseconds, is 1000 times stronger and more effective on recalcitrant (resistant) tattoos.

Most tattoos can be faded or removed in about 2-6 sessions. However, since there is no standardization for tattoo ink, number of treatments and clearance may vary depending on formulas and pigments used. Factors that affect the dispersal of ink include amateur vs. professional tattoos, location of the tattoo, and age of the tattoo.

This treatment can promote mild discomfort, including a snapping sound as well as the sensation of heat and a pinprick feeling. Following the procedure, the treated area may blister and have pinpoint bleeding for a few days. The site should be kept clean and protected with Vaseline or Aquaphor and covered with a bandage until healing has taken place.

I understand that:

- Common side effects include: temporary redness, bruising, blistering, swelling, scabbing, and pinpoint bleeding that may last from a few hours to 3-4 days or longer.
- Pigment changes, including hypopigmentation (lightening of the skin) or hyperpigmentation (darkening of the skin) may occur, but respond spontaneously without intervention in 6-12 months.
- Other potential risks include crusting, pain, burns, infection, scarring, and failure to achieve the desired result.
- Lasers can cause eye injury. Therefore, protective eyewear must be worn during treatment by both patient and operator.
- The treated area may NOT be exposed to sunlight, tanning beds, or sunless tanning creams for 4 weeks before AND 4-8 weeks after treatment until the area is healed. I will apply a broad spectrum SPF 30+ sunblock to the treated area when exposed to the sun.
- I consent to photographs being taken to evaluate treatment effectiveness for medical education training, professional publications, or marketing purposes. No photographs revealing my identity will be used without my written consent. If my identity is not revealed, these photographs may be used and displayed publicly without my permission.

Before and after treatment instructions have been discussed with me. The procedure, as well as potential benefits and risks, have been explained to my satisfaction. I have had all my questions answered. I freely consent to the proposed treatment.

_____ Patient Name	_____ Patient Signature	_____ Date
_____ Provider Name	_____ Provider Signature	_____ Date