

## Tattoo Removal Consent

I, \_\_\_\_\_ currently have an unwanted tattoo/permanent makeup. This tattoo/permanent makeup is located on my \_\_\_\_\_ (area of body). This area was last tattooed on \_\_\_\_\_ (approximate date) by \_\_\_\_\_ (name of the business or technician).

This tattoo/ permanent makeup is unwanted because \_\_\_\_\_ (indicate shape, color, location).

I would like the technician to attempt to: (a) \_\_\_\_\_ remove the entire tattoo if possible; or (b) \_\_\_\_\_ partially remove the tattoo (check one).

I understand that several treatments may be needed in order to attempt to achieve my desired results. I have not been given guarantees as to the quality of the removal results.

I understand there are several medical and esthetic options available for the removal of my tattoo/permanent makeup. I have decided to choose the Tattoo Cease removal technique at this time.

I understand that the unwanted tattoo/permanent makeup may not be successfully removed and that permanent scarring may result in an attempt to remove the tattoo/permanent makeup as well as hypertrophy and hypopigmentation or other damage to the skin which may be permanent.

I understand that removing tattoos/permanent makeup is a difficult and complicated process. As a result, I will not hold the technician of this establishment responsible for any resultant failure to remove it partially or totally.

Furthermore, I will not hold the salon or the business of the technician, the distributor or the manufacturer of the tattoo removal products used in this attempted tattoo removal, liable for any damages that may occur to my face or body.

I agree to allow photographs to be taken before and after the treatments and to conform to all rules and regulations established by the technician and salon listed below for the removal of unwanted tattoo/or permanent makeup. I agree to follow all aftercare instructions.

I have been duly informed of the nature, risks, possible complications and consequences as listed above. I further understand that the above listed technician is not a medical doctor and have neither asked nor received any guarantees or promises as to the results obtained.

I understand everything described above, have had my questions answered, agree that it is all true and correct and by my signature below, I agree to the above.

Signature of client \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of technician: \_\_\_\_\_ Date: \_\_\_\_\_

Technician name: \_\_\_\_\_