



## Consent to undergo tattoo removal

Ziad Sara, MD

In signing this document, I give permission to: \_\_\_\_\_, or their designate to treat my tattoo with laser.

I understand that the goal of this procedure is improved appearance and eradication of my tattoo. I understand that every individual is unique, and it is very difficult to guarantee a specific result. Thus, I realize that I may require a series of treatments to achieve my objectives. \_\_\_\_\_ initial

I agree to call the clinic if I have any difficulty after my treatment. \_\_\_\_\_ initial

I agree to follow the aftercare protocol which includes washing my treated area twice daily, applying recovery ointment four to six times daily, and inspecting my treated area regularly. **I will keep my treated area out of the sun for a minimum of one month.** I understand that good care helps to minimize risk of complications. \_\_\_\_\_ initial

I understand that although uncommon, complications can occur. It has been explained to me that these complications include: local infection, pigmentation changes, scarring, redness, swelling, tenderness, and temporary worsening of the appearance of my tattoo. I understand that many of these complications are temporary, however I acknowledge that although uncommon the pigmentation changes and scarring can be permanent. \_\_\_\_\_ initial

If I have forgotten to tell the clinic staff of my health problems, medications, allergies, or other important information about me, I will do so now. I will inform the doctor if I am pregnant. \_\_\_\_\_ initial

I hereby give my permission to undergo tattoo removal. \_\_\_\_\_  
Print your name

\_\_\_\_\_  
sign your name please

\_\_\_\_\_  
today's date