



Tattoo Vanish™

Informed Consent

Lightening and/or Removal of Pre-Existing Tattoo Ink

Name (Print) _____

The nature, method and all risks of the proposed tattoo ink lightening or removal procedure has been explained to me. I was given full opportunity to ask any questions.

_____ (Client Initials)

I understand that there may be a certain amount of discomfort or pain associated with the procedure. Other rarely occurring adverse side effects may include but are not limited to lightening or darkening, scarring, or infection of the skin.

_____ (Client Initials)

I clearly understand ALL THE RISKS involved and the likelihood of any adverse reactions to the procedure. Tattoo Vanish™, Inc., will work with you to help achieve the best results possible.

_____ (Client Initials)

I understand there are other medical options, including LASER, available for removal of ink or pigment. I have decided to decline those methods.

_____ (Client Initials)

I understand that several treatments may be needed in order to achieve my desired results; however, I understand that there is no guarantee or assurance as to the ultimate outcome or result of this procedure. I understand that once the procedure is completed, Tattoo Vanish™, Inc., has a NO REFUND POLICY.

_____ (Client Initials)

I will not hold my technician, Tattoo Vanish™, Inc., or any owners, employees or independent contractors of Tattoo Vanish™, Inc., liable for any damages that may occur to my person.

_____ (Client Initials)

I understand that the complete removal of tattoos is difficult. As a result, I will not hold my technician or this establishment responsible for any resultant failure to lighten or remove completely the unwanted ink

_____ (Client Initials)

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I agree to follow all instructions concerning the care of my tattoo removal procedure area, while healing. I agree that any complications resulting from my negligence, is totally my responsibility.

_____ (Client Initials)

I understand that I will be given written instructions for post procedure care and follow-up.

_____ (Client Initials)

I agree to submit to before and after photographs and I give my permission to use such photographs for publication and/or for teaching purposes only upon signing an additional release form

_____ (Client Initials)

I understand all information listed above, have had all 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 and I voluntarily request that the tattoo lightening and removal procedure(s) are to be performed on me:

Patient/Client: _____

Date: _____

Witness: _____

Date: _____