

CLIENT HISTORY AND TREATMENT PLAN FOR PIGMENT (TATTOO) LIGHTENING/REMOVAL

PIGMENT REMOVAL INFORMATION AND TREATMENT PLAN:

Description of unwanted tattoo or pigment (size, color and location): _____

Reason for removal such as shape, color, location: _____

Removal desired: (Partial or complete): _____

Tattoo Procedure was last worked on: _____

How many sessions were performed on the unwanted procedure? _____

REQUIRED: Name, address and telephone of person who performed the unwanted tattoo procedure as it may be necessary to obtain information regarding pigment and needles used: _____

List any adverse reactions experienced after the application of the unwanted pigment such as infections, swelling, bleeding: _____

Were the tattoo defects apparent immediately or did they become evident at a later date? _____

List any corrective or medical treatments *explored or attempted* prior to this consultation: _____

TREATMENT PLAN FOR OLD TATTOOS:

It is estimated that lightening and/or an attempt to remove the unwanted pigment will take from _____ to _____ sessions, scheduled at least 6-12 weeks apart. Client agrees to not pursue other removal treatments during this attempt to lighten and/or remove this unwanted pigment.

Client will follow the written instructions for aftercare and contact the technician listed below first in the event of any questions or concerns following the lightening and/or removal attempts.

The client affirms they fully disclosed the entire relevant history of the unwanted tattoo pigment.

By signing below, both client and technician have discussed the above client history form and treatment plan and both agree that the information is fully understood.

Client Signature

Date

Technician Signature

Date

INFORMED CONSENT FOR PIGMENT (TATTOO) LIGHTENING

Name (Please Print) _____

The nature and method of the proposed pigment (tattoo) lightening procedure has been explained to me including risks or possibility of complications during or following its performance I understand there may be a certain amount of discomfort or pain associated with the procedure and that other adverse side effects may include minor and temporary bleeding, bruising, redness or other discoloration and swelling. Fever blisters may occur on the lips following lip procedures in individuals prone to this problem. Secondary infection in the area of the procedure may occur, however if properly cared for, this is rare.

_____ (Client Initials)

I understand that several treatments may be needed in order to attempt to achieve my desired results however I have not received any guarantees to the quality of the outcome of the process. _____ (Client Initials)

I understand there are medical options available for pigment removal. I have decided to decline those methods. _____ (Client Initials)

I understand that the unwanted pigment may not be successfully lightened to the point that it can no longer be seen, and that scarring as hyper-pigmentation or hypo-pigmentation, or other damage to the skin, which may be permanent, may occur during the process. I will not hold my technician and/or the distributor of tattoo removal products used in this attempted tattoo lightening or removal, liable for any damages that may occur to my person. _____ (Client Initials)

I understand that lightening tattoo pigment is difficult, if even possible. As a result I will not hold my technician or this establishment responsible for any resultant failure to lighten the unwanted pigment. _____ (Client Initials)

I agree to submit to before and after photographs, and give my permission to use such photographs for publication and/or for teaching purposes. _____ (Client Initials)

I agree to follow all aftercare instructions. _____ (Client Initials)

I have been duly informed of the nature, risks, possible complications and consequences as listed above. I further understand that my technician is not a medical doctor. _____ (Client Initials)

I understand all information listed above, have had 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. _____ (Client Initials)

_____ Date

Signature of Client (Signature applies to consent to the process during the agreed treatment plan period)

_____ Date

Witnessed by Technician Performing Removal/Lightening Procedure

**Natural Look by Regina
Permanent Cosmetics
(602) 319-1444**

AFTER CARE INSTRUCTIONS FOR SOFTAP™ LIGHTENING

DO NOT PICK OR SCRATCH THE TREATED AREA! This can cause complications, such as scarring, hyper-pigmentation or infection.

The pigmented area will oxidize (darken) during the first few days. Then it will eventually fall off in the form of a scab. Do not pick or scratch the treated area.

It is important to keep the treated area dry for three days. Then apply vitamin A & E ointment or petroleum jelly to the treated area. Do this on the fourth day 3-4 times per day until the scab falls off. Do not pick the scab off.

After the treated area is completely healed, it can then be repigmented with desired color or another lightening treatment. This may take several sessions.

The SOFTAP™ Lightening product is a superficial skin exfoliant. This product successfully lightens unwanted pigment that has been implanted into the skin via tattoo or permanent makeup procedure. For best results, this product cannot be used with any other products.

If you have any questions or concerns, please do not hesitate to call me. If I am unavailable, leave a message and I will return your call as soon as possible.