

CONSENT FOR PIGMENT (TATTOO) LIGHTENING

Name (Please Print)

Date_____

DOB_____

Describe the tattoo to be
lightened_____

Area on the body tattoo is
located_____

Any prescriptions or medical conditions? Circle YES or NO

If YES please inform
here_____

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 the 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 (tattoo) 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. Scarring as hyper-pigmentation or hypo-pigmentation, or other damage to the skin may occur during this process and may be permanent. This is rare but it can happen. I will not

hold my technician, Cristal Walker and/or the distributor/manufacturer of tattoo removal products used in this attempted pigment (tattoo) lightening or removal liable for any damages that may occur to my person.

_____ (Client Initials)

I understand there will be no refunds if the desired lightening result is not achieved. _____ Client Initials)

Which of the following best describes your skin type? (Please circle one number)

- I. Always burns, never tans
- II. Always burns, sometimes tans
- III. Sometimes burns, always tans
- IV. Rarely burns, always tans
- V. Brown, moderately pigmented skin
- VI. Black skin

For skin types V and VI; I understand that I am at a higher risk for hyper-pigmentation and hypo-pigmentation than other skin types. I agree to the risk involved. _____ (Client Initials)

I understand that lightening tattoo pigment is difficult, if even possible. As a result I will not hold my technician or Cristal Walker 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 teaching purposes. _____ (Client Initials)

I agree to follow all aftercare instructions provided by me by my technician. _____ (Client Initials)

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

There is a fee for this service and additional fees for all additional sessions. The fee's have been explained to me and I agree to the fees. The fee for this first session is \$_____. Fee's for the additional session (s) cannot be determined until the results from this first session are complete and how much needs to be done the additional session (s) can be determined. _____ (Client Initials)

I have disclosed all that has been asked of me to the best of my ability and I understand all information listed above. I have had all my questions answered, and agree to all conditions and provisions of this document as evidenced by signature below. I accept the risks for having this procedure done therefore release my technician and Cristal Walker from any and all liability. _____(Client Initials)

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

_____ Date _____
Witnessed by Technician Performing Removal/Lightening Procedure

TECHNICIAN NOTE PAGE

Date:

Client Name:

Price:

Area to be lightened _____

Describe what is to be lightened _____

Before Picture Taken? _____

Anesthetic Used _____

Lightening Solution Used _____

Machine/Device Used _____

Needle Used _____

Technique(s) Used and How Many

Passes _____

Additional Detailed

Notes _____

Aftercare Explained and Given To

Client _____

Li-FT Client Aftercare Instructions

It is critical to follow all aftercare instructions to prevent complications, scarring and to achieve optimum results. Please read carefully.

1. **KEEP AREA CLEAN** and open to the air. Do not cover with a Band-Aid or anything else, leave open to air. Air/oxygen provides good and faster healing. You should not be touching the area at all but if you find yourself needing to please make sure your hands are exceptionally clean.
2. **CLEAN BY BLOTTING AREA** with saline 3 to 4 times a day using a paper towel or gauze. **NO ICE.**
3. **DO NOT SOAK** the treated area in water. You can shower as normal but keep the area out of the shower spray the best you can and do not let the area stay wet for more than a few minutes. It is best to keep it dry but if you do get it wet gently pat dry.
4. **NO BATHING, SWIMMING, SAUNAS, HOT TOBS, TANNING, OR EXERCISE UNTIL SCABS HAVE FALLEN OFF NO EXCEPTIONS.** I advice to give it an extra week after scabbing is fallen but I understand not everyone can do this.
5. **DO NOT** disrupt the scabbing process (i.e. no picking, scratching, etc.) All scabbing needs to fall off naturally. If you force or pick a scab off you will disrupt the process and possibly cause scarring. It is critical to keep the scabs on as long as possible to achieve optimum results.
6. **TREAT AREA WITH TLC. DO NOT DO ANYTHING AT ALL THAT COULD CAUSE ISSUES OR PROBLEMS TO THE TREATED AREA.**
7. **ONCE ALL SCABBING HAS NATURALLY FALLEN OFF**, apply one drop Vitamin E Oil 3 to 4 times throughout the day for a minimum of 4 weeks, or until next lightening session. **DO NOT** start applying the Vitamin E oil **UNTIL** all scabbing has naturally and completely fallen off. It is our goal to keep the area as dry as possible until all scabs have naturally fallen off.
8. **LIPS** please drink all liquids with a straw until all scabbing has naturally fallen off. Brush with Toms of Maine or Classic Crest (no whitening, no peroxide toothpastes. Cut food into small bites....no biting into a sandwich. Try to keep mouth expressions to a minimum.

- ❖ It is important to the process and integrity of the skin that 8 full weeks of healing take place before another lightening session can be done. No exceptions
- ❖ Lightening and/or removing unwanted pigment is a long process and patience is required. This is true whether you are choosing a lightening product service or laser. Please be patient and give the process a fair chance to work. Expect visible and wanted results in 2 to 5 sessions. How many sessions needed will depend on how saturated the pigment is, how deep it was implanted and how much needs to be removed for the desired result. In many cases only a percentage of the pigment needs to be lightened/removed and then we can continue the correction process by color correcting or color shifting. In those cases where we have pigment misplaced or in an unwanted area, color correcting will not be an option and removing as much of the pigment as possible will be our ultimate goal.
- ❖ Results cannot be foreseen, predicted or guaranteed.
- ❖ If you have any questions or concerns please call us. If at any time you have any green or yellow puss in the area of the removal, or any concerns at all during the healing process please contact at (904) 351-8244 (you may text or call my business number)

