

OTM Skin Saline Solution Tattoo Removal Patient Profile

Name: _____ DOB: _____ Age: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Parent/Guardian
(if Client under
18 years of age) _____

The following problems may occur with the above treatments:

1. There is a risk of scarring.
2. Short term effects may include reddening, mild burning, temporary bruising or blistering. Hyper-pigmentation (browning) and hypopigmentation (lightening) have also been noted after treatment. These conditions usually resolve themselves, but, while rare, permanent color change is a risk. Avoiding sun exposure before and after the treatment reduces the risk of permanent color change.
3. Infection - Although infection following treatment is unusual, bacterial, fungal and viral infections can occur. Individuals with a history of herpes simplex who receive laser treatment in the affected areas can create an outbreak.
4. Bleeding - Pinpoint bleeding is rare but can occur following treatment procedures.
5. Allergic Reactions - In rare cases, local allergies to tape, preservatives used in topical preparations and products have been reported.
6. Systemic reactions (which are more serious) may result from prescription medicines.
7. Compliance with the before and aftercare guidelines is crucial for healing, prevention of scarring, and hyperpigmentation. There is also the possibility that other side effects or complications not presently known, recognized, described to you now or understood may develop now or in the future. A few side effects, risks, and complications can occasionally be seen. These include, but not limited to the following complications.

YES/NO DO YOU USE ASPRIN FOR BLOOD THINNING MEDICATION?

YES/NO DO YOU TAKE ASPRIN DAILY?

YES/NO DO YOU HAVE ANY ALLERGIES TO SALT, LATEX OR METAL? _____

YES/NO HAVE YOU HAD ANY COMPLICATION WITH PREVIOUS TATTOOS OR PERMANENT MAKEUP BEFORE?

YES/NO DO YOU HAVE A HISTORY OF SKIN OR DISEASE? IF YES, Please Explain _____

The following risks, side effects, and complications are rare, however possible, and temporary:

- Itching on or around area treated
- Redness around hair follicles
- Swelling around hair follicles
- Tingling or feeling of numbness
- Purpura (purple bruising)
- Infection (primarily due to picking the area treated)
- Pigment change (hypo, hyper)
- Crusting/scab on ingrown hairs

I acknowledge by signing this release form that I have been given the full opportunity to ask any questions I might have about obtaining laser tattoo removal from OTM Skin. I acknowledge that all my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the facts and matters set forth below, and I agree and represent as follows:

____ **I am not under the influence of alcohol or drugs**

____ **I confirm that I am not pregnant**

____ **I am 18 years of age or have parent/guardian consent attached and in sound mind, body and health.**

____ **I acknowledge that it is not reasonably possible for the associates, agents, and representatives of OTM Skin to determine whether I might have an allergic reaction to the saline solution used in tattoo removal and I agree to accept the risk of an allergic reaction.**

____ **I acknowledge that infection is a possible result of obtaining saline solution tattoo removal treatment particularly if I do not take proper care of skin treated, and I have been advised of the before/aftercare of treatment.**

____ **I acknowledge receipt of written instructions advising me of proper before and aftercare of my treatment and recognize the absolute necessity of following those instructions.**

____ **I acknowledge that variations in color and ink material may affect the results of any tattoos removal.**

____ **I acknowledge that tattoo removal is a permanent change applied to my body.**

____ **I acknowledge that obtaining tattoo removal is my choice alone and I consent to the application of saline solution tattoo removal.**

____ **I acknowledge that saline solution tattoo removal can cause blistering and/or scabbing and if there is a history of herpes the laser treatment can trigger an outbreak around mouth, nose or eyes.**

____ **I agree to release and forever discharge and forever hold harmless OTM Skin and its associates, agents' officers and shareholders from any claims, damages, or legal actions arising from or connected in any way with my tattoo removal treatment.**

____ **I agree to allow OTM Skin to take before/after photos of my tattoo removal treatment for the client profile and to promote OTM Skin portfolio purposes unless otherwise advised in writing by the client.**

I, _____ **have been fully informed of the risks of saline solution tattoo removal including but not limited to infection, scarring, blistering, herpes outbreak, difficulties in detecting ink material, and any allergic reaction. Having been informed of the potential risks associated with getting laser tattoo removal, I wish to proceed with tattoo removal application, and I assume all risks that may arise from saline solution tattoo removal.**

Signature _____

Date: _____

Parent or Guardian _____

Date: _____

Parent/Guardian Signature _____ Date: _____

For Office Use: **Treatment area & description**

Notes: _____

