DŌCERĒ
MEDICAL SPA & LASER CENTER

PAITENT CONSENT
Pigment Lightening (tattoo)

Name: Date:

Describe the area to be lightened: _____

Area of the body the tattoo is located
Are you on any medications or have any medical conditions? _____

Yes ☐ No ☐

If yes please List them: _____

_____

_____

Are you allergic or have had a reaction to any type of salt at any time?

Yes ☐ No ☐

Are you allergic to citrus (orange or lemon)?

Yes ☐ No ☐

Are you allergic to Aloe Vera?

Yes ☐ No ☐

The nature and method of the proposed pigment (tattoo) lightening procedure has been explained to me including the risks and complications during and following the procedure, I understand that there may be a certain amount of discomfort or pain associated with this procedure and that the other adverse side effects may include: minor or 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 it is properly cared for, this is rare.

INITIAL_____

I understand that several treatments may be needed in order to attempt to achieve my desired results. However, I have not received any guarantee to the quality of the outcome of the process.

INITIAL_____

I understand there are medical options available for pigment (tattoo) lightening/removal. I have decided to decline those methods.

INITIAL_____

I understand that the unwanted pigment may not be successfully lightening to the point that it can no longer be seen. Scarring and hyper or hypo pigmentation, discoloration, or other damage to the skin may occur during the process and may be permanent. This is rare but can occur. I will not hold my technician or Docere Medical Spa or the manufacturer of the tattoo removal products used in this attempted tattoo pigment lightening process for any damages that may occur to my person.

INITIAL_____

I understand there will be no refund if the desired lightening result is not achieved.

INITIAL_____

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

I. Always burn, never burns

II. Always burns, sometimes tans

III. Sometimes burns, always tans

IV. Rarely burns, always tans

V. Brown, moderatley pigmented skin

VI. Black/Dark Skin

For skin types V and VI; I understand that I am at a higher risk for hyper or hypo pigmentation than any other skin types. I agree to the risk involved.

INITIAL _____

I understand that lightening tattoo pigment is difficult, if even possible. As a result, I will not hold (Kim Porter or Docere Medical Spa) responsible for any resultant failure to lighten the unwanted pigment.

INITIAL _____

I agree to submit to before and after photos and give my permission to use such photographs for publication and or teaching purposes.

INITIAL _____

I agree to follow all of the aftercare instructions provided by me and by my technician

INITIAL _____

I have been fully informed of the natures, risks, possible complications and consequences as listed above. I further understand that my technician is not a medical doctor.

There is a fee for this service and additional fees for all additional sessions. The fees have all been explained to me and I agree to them. Fee's for the additional session (s) can not be determined until the results from this first sessions are completed.

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 the signature belwo. I accept any risks for having this procedure done therefore Kim Porter and Docere Medical Spa are not held liable.

Signature of Client _____

Technician Signature _____