



Affix Patient Label

Patient Name:

DOB:

Informed Consent Elimink™

This information is given to you so that you can make an informed decision about having **Elimink™ Tattoo Removal**

Reason and Purpose of the Procedure:

This procedure is done to remove tattoo ink. Elimink™ Tattoo Remover is applied into skin. The technique is similar to that used by the original tattoo or permanent makeup artist. A scab forms over the treated area. This must be kept dry until it falls off naturally. Once the scab has fallen off, a lotion is applied to the treated area two to three times per day for up to eight weeks. This helps reduce the chance of scarring. This process may require several treatments. Tattoo removal may not be successful for all people. Your skin will never be exactly like it was prior to the tattoo.

Benefits of this procedure:

You might receive the following benefits. Your provider cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Removal or lightening of tattoo ink

Risks of Procedure:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your provider cannot expect.

- Discomfort or pain at the site.
- Minor and temporary bleeding
- Bruising
- Redness or other discoloration
- Swelling
- Secondary infection in the area of the procedure may occur. This is rare. You may need antibiotics.
- Scarring which may be permanent.
- Thinning of the skin which may be permanent.
- Lightening or darkening of the skin or other damage to the skin. This may be permanent.

Risks associated with smoking:

Smoking is linked to an increased risk of infections. It can decrease healing in skin tissue. It can also lead to heart and lung complications and clot formation.

Risks associated with obesity:

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

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Risks specific to you:

Alternative Treatments:

Other choices:

- Laser Tattoo Removal
- Use make-up to cover up tattoo
- Do nothing. You can decide not to have the procedure.

General Information

Students, technical sales people and other staff may be present during the procedure. My provider will supervise them.

Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.

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By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the Cosmetic Skin Care Registered Nurse or Medical Assistant. My questions have been answered.
- I want to have this procedure: **Eliminink™ Tattoo Removal**
- I understand that other providers may help with the procedure. The tasks will be based on their skill level. My provider will supervise them.

Patient Signature _____ Date: _____ Time: _____

Relationship: Patient/Parent of minor Closest relative (relationship) Guardian/POA Healthcare**Interpreter's Statement:** I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.

Interpreter: _____ Date _____ Time _____

Interpreter (if applicable)

For Provider Use ONLY:

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention. I have answered questions, and the patient has agreed to procedure.

Provider Signature: _____ Date: _____ Time: _____

Teach Back

Patient shows understanding by stating in his or her own words:

____ Reason(s) for the treatment/procedure: _____

____ Area(s) of the body that will be affected: _____

____ Benefit(s) of the procedure: _____

____ Risk(s) of the procedure: _____

____ Alternative(s) to the procedure: _____

OR

____ Patient elects not to proceed: _____ Date: _____ Time: _____

(Patient signature)

Validated/Witness: _____ Date: _____ Time: _____