



Advanced Skin Studio LLC  
202 South 1st Avenue #100, Yuma, AZ 85364  
928-482-6558

## Disclosure & Consent for Tattoo Removal

I, \_\_\_\_\_ have requested that you describe the procedure/s so I may make an informed decision whether or not to undergo the procedure/s. The procedure/s may be called Saline or Alkaline removal, or non-laser tattoo/permanent makeup removal. It is the process of implanting micro insertions of alkaline or hypertonic saline into the dermal layer of the skin. This is a form of tattoo removal, I voluntarily allow a Tattoo Removal Technician at Advanced Skin Studio LLC to perform the following procedure/s:

Area(s) to be treated: \_\_\_\_\_

How did you hear about Advanced Skin Studio? \_\_\_\_\_

### PLEASE READ & INITIAL:

\_\_\_ Technician shall not perform procedure if client fails to complete or sign the disclosure authorization form & Technician may decline to perform procedures if client has any identified health conditions.

\_\_\_ I hereby authorize an Advanced Skin Studio Technician to take photos of the work performed before & after treatment to be maintained in my file and may be used for advertising.

\_\_\_ I understand this description of the procedure is not meant to scare or alarm me. It is simply an effort to make me better informed so I may give or withhold my consent for this procedure.

\_\_\_ The price of the Procedure is \$ \_\_\_\_\_. Advanced Skin Studio LLC accepts cash and credit cards. Unfortunately we do not accept personal checks.

\_\_\_ I have informed my Technician that I am in good health, and I am not under the care of a Physician.

\_\_\_ I am currently under a care of a physician & I am being treated for the following:

\_\_\_\_\_

Physicians Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_



Please Initial:

\_\_\_ I have been told there may be known and unknown risks and hazards related to the performance of the procedure/s planned for me & I understand no warranty or guarantees have been made as to the results.

\_\_\_ I agree to (check one) \_\_\_RECEIVE \_\_\_WAIVE a spot test prior to application, I must wait 3 weeks before procedure/s can be done. I agree to release Advanced Skin Studio LLC, technicians, assistants, & product manufacture/s from any & all liability to allergic reaction or any other reaction to applied topicals or removal products.

\_\_\_ I understand a tattoo is basically a scar and removing or lightening may show scarring.

\_\_\_ I have been told the allergic reaction to the removal products are very rare, however, they do occur, & when they occur they can be serious & especially difficult & very troublesome to treat.

\_\_\_ I have been told this procedure/s will involve pain & discomfort for some people.

\_\_\_ I have been told that additional procedure(s) may be required at an additional cost.

\_\_\_ Other risks involved may include, but not limited to: Infections allergic & other reaction/s to applied products, & products applied during & after the procedure, fanning or spreading of pigment, (pigment migration), & other unknown risks. Tattoo removal is not a "one size fits all" procedure meaning that healed results are different on everyone. There are many variables such as age, skin quality, medications, high acidity in the system, hormones, and diet that can be a factor in how certain colors will heal on certain people. Advanced Skin Studio LLC uses sterile tools and disposes the tools after a single use. Skin infections could also form from improper aftercare, so it is imperative that Client follow the aftercare instructions given.

\_\_\_ I accept full responsibility for any and all, present & future, medical treatment/s & expenses I may incur in the event I need to seek treatment/s for any unknown reason associated with the procedure planned for me.

\_\_\_ I have been given an opportunity to ask questions about the procedure/s, & the products to be used & the risks & hazards involved, & I believe I have sufficient information to move forward with the procedure.

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Client Signature

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Date



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**MEDICAL HISTORY FORM**

Today's Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Wrk/Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Are you now or have been under the care of a physician for a serious medical issue? \_\_\_ Yes \_\_\_ No  
 If Yes, please provide physicians name, phone #, also state the issue:

\_\_\_\_\_

Person to contact in an emergency and phone #: \_\_\_\_\_

List all medications you are currently taking that might make you bleed such as anticoagulants, that thin the blood and interfere with clotting, including Retin A, Glycolic Acid, Acutane:

\_\_\_\_\_

List any drug, food, skin, makeup allergies: \_\_\_\_\_

Do you have now or in the past a history of skin diseases, skin lesions or sensitivities to soap, disinfectants, etc.? If so, please list: \_\_\_\_\_

List products used for skin care: \_\_\_\_\_

**DO YOU HAVE OR EVER HAD THE FOLLOWING CONDITIONS**

- |   |  |
|---|--|
| <input type="checkbox"/> Abnormal Heart Condition                           | <input type="checkbox"/> Corneal Abrasion                            |
| <input type="checkbox"/> Cold Sores   | <input type="checkbox"/> Eye Surgery/Injury                          |
| <input type="checkbox"/> Herpes Simplex                                     | <input type="checkbox"/> Blepharoplasty (Eyelid Surgery)             |
| <input type="checkbox"/> Hemophilia   | <input type="checkbox"/> Visual Disturbances                         |
| <input type="checkbox"/> Prolonged Bleeding                                 | <input type="checkbox"/> Cancer Type _____                           |
| <input type="checkbox"/> Circulatory Problems                               | <input type="checkbox"/> Tumors/Growths/Cysts                        |
| <input type="checkbox"/> Epilepsy/Narcolepsy/Seizures                       | <input type="checkbox"/> Chemotherapy/Radiation                      |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Are you Pregnant?                           |
| <input type="checkbox"/> Fainting Spells/Dizziness                          | <input type="checkbox"/> Hepatitis                                   |
| <input type="checkbox"/> Cataracts  | <input type="checkbox"/> Do you wear contact lenses?                 |
| <input type="checkbox"/> Glaucoma   | <input type="checkbox"/> Do you use tobacco products?                |
| <input type="checkbox"/> Are you using any eye drops or ocular medications? | <input type="checkbox"/> Dry Eye                                     |
| <input type="checkbox"/> History or hyper pigmentation from an injury?      | <input type="checkbox"/> Are you currently taking aspirin/ibuprofen? |
| <input type="checkbox"/> Subject to rashes                                  | <input type="checkbox"/> Sensitive skin                              |

Have you had tattoo removal done Before? When and by whom? \_\_\_\_\_



Do you have any allergies to the following:

Antibiotics: \_\_\_\_\_ Soaps: \_\_\_\_\_ Metals: \_\_\_\_\_  
Cosmetics: \_\_\_\_\_ Latex: \_\_\_\_\_ Alcohol: \_\_\_\_\_  
Numbing Agents (Caine Derivatives): \_\_\_\_\_

Do you now or ever had any of these communicable diseases or infections:

Hepatitis: \_\_\_\_\_ Tuberculosis: \_\_\_\_\_ Gonorrhea: \_\_\_\_\_ Syphilis: \_\_\_\_\_ Herpes: \_\_\_\_\_ HIV: \_\_\_\_\_  
Staph: \_\_\_\_\_ IV drug use: \_\_\_\_\_

Other information that could aid the technician in evaluating the tattoo removal process and necessary aftercare:

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**PLEASE READ & INITIAL:**

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

\_\_\_\_\_ I acknowledge that it is not possible for my technician to determine whether I might have an allergic reaction to the ingredients or process used to perform the tattoo removal. I agree to accept the risk that such a reaction is possible.

\_\_\_\_\_ I acknowledge that infection is always possible, particularly in the event that I do not take care of the area where the removal was performed. If I see signs of infection I will see a physician.

\_\_\_\_\_ I acknowledge the receipt of written aftercare advising me of the proper care of my tattoo removal, and I recognize the absolute necessity for following these instructions.

\_\_\_\_\_ I acknowledge that I am not under the influence of drugs or alcohol, or any intoxicating substance at the time of the procedure.

\_\_\_\_\_ I agree to release and forever discharge and hold harmless my technician, and Advanced Skin Studio LLC from any and all claims, damages, or legal actions arising from or connected in any way with my tattoo removal, or the procedure and conduct used to remove my tattoo.

**ARTIST TO COMPLETE:**

Artist: \_\_\_\_\_

Date: \_\_\_\_\_

**CLIENT TO COMPLETE:**

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Client Signature: \_\_\_\_\_



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### **Advanced Skin Studio Liability Waiver**

By signing and initialing this waiver of liability form you are legally agreeing and adhering to the following terms & conditions:

Results are never guaranteed and we cannot control how the body responds to any treatment. We are 100% free of any liability associated with your personal results from any treatment performed, you are selecting at your own risk. **Advanced Skin Studio LLC will not be slandered on any public forum** following any procedure or service performed at the Studio. All concerns and any possible dissatisfaction must be **addressed with your specialist personally and not taken to social media of any form**. Slander and libel are serious offenses and legal action will be taken if any violations of any terms listed on this waiver are violated.

Advanced Skin Studio LLC is not responsible for any reactions/risks associated with any treatments performed because YOU ARE SELECTING THIS SERVICE AT YOUR OWN RISK AND YOU ARE RESPONSIBLE FOR RESEARCHING AND KNOWING RISKS AND SIDE EFFECTS BEFOREHAND AND ARE LEGALLY SIGNING OFF THAT ADVANCED SKIN STUDIO LLC OR YOUR TECHNICIAN, TINA LEE WILL NOT BE HELD FINANCIALLY RESPONSIBLE FOR ANY OUTCOME.

By signing below you are agreeing that you have and understood everything stated above, you ensure that you have discussed each point above with your specialist and are aware that this decision is fully and totally yours. Your signature states that you understand and accept these terms.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



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## ALKALINE TATTOO REMOVAL POST CARE INSTRUCTIONS

- \* The treated area should remain dry at all times for the first 72 hours. In case of dampness due to white blood cells or accidental contact to water, use a Q-tip or cotton pad to press the area gently and remove all moisture.
- \* A brownish crust or scab will form over the area after a few days and will peel off naturally in 7-14 days. Do not pick or pull off the crust prematurely as that will increase the risk of scarring and prolong recovery time. Use a bandage or tape (do not use tape directly over treated area) to cover the area temporarily for showering. No swimming, soaking, or steaming. For a short time, (1-2 minutes) water contact may take place after 72 hours but no contact to soap or shower spraying water. After such water contact, use a dry and clean cotton pad to press gently and remove water. Let air dry and do not allow the crust to get softened by moisture.
- \* After the crust peels off, the treated skin area will show significant redness which will remain for several weeks and will gradually turn to normal skin color in 2-3 months. Apply vitamin E or aftercare your technician recommends immediately after the crust comes off when skin is clean. This will speed up skin recovery.
- \* Do not scratch the area as this can cause scarring.
- \* If the color is not completely removed, the above removal process may be performed again after the skin heals well, usually after about 2 months. Any shine to the skin must be completely gone before another treatment.
- \* If clothing rubs on the area causing irritation, use a non-absorbent pad and tape the perimeters. It's important the treated area breathes.
- \* If any sign of infection, contact your healthcare provider.

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Client Signature

Date



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## POST PROCEDURE INSTRUCTIONS FOR SALINE TATTOO REMOVAL

\*\*\*If any signs of infection are seen in the treated area, you must consult a physician.

For 5-7 days following Cosmetic Tattoo Procedures:

- \*The treated area must fully dry out over the next 48 hours. Do not get the area wet or sweaty, or use any products on the skin.
- \*After 48 hours bathing can be conducted, but do not let the area stay wet for more than a few seconds.
- \*While there is a scab, do not soak treated area in bath, pool or hot tub. Do not swim in salt or chlorinated pools.
- \*Be very careful with animal contact during the first 24 hours as pet hair in the wound can cause infection.
- \*Do not expose the treated area to the sun. When the scabbing is totally gone, wear a high quality SPF sunscreen.
- \*Stay away from unsanitary environments for at least 24 hours. This includes health clubs, airplanes, etc.
- \*The scab should not be disrupted and should fall off naturally.
- \*Do not attempt another session on the treated area for at least 60 days.
- \*It is recommended after the scab falls off to rub vitamin E or a cream your technician recommends on the area everyday until the next session.

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Failure to follow post-treatment instructions may cause infection and undesirable results. Remember, the tattoo removal is a process and not a procedure and the number of visits depends on the type and age of the tattoo.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date