

CORINTH LASER CENTER  
COSMETIC TATTOOING CONSENT

I \_\_\_\_\_, have been instructed via consultation and pre-treatment recommendations of the procedure "Cosmetic Tattooing". I desire to have this elective procedure done by \_\_\_\_\_.

Practitioner's Name

I understand the procedure is for cosmetic reasons only. I have been told of the complications and risks associated with "Cosmetic Tattooing", (which can include; infections, corneal abrasions, swelling, redness, hemorrhage, bruising, activation of cold sores, pigment fading or migration, loss of hair and discomfort).

I understand that no warranty or guarantees have been made to me as to the results of the procedure.

In addition, I understand the actual color of the pigment may be modified slightly due to the tone and color of my skin. I desire derma pigmentation, appreciating the permanency of the procedure, as well as the possible complications and risks explained.

The interaction of my body and the pigment may cause some degree of fading which could require additional treatment to obtain the maximal cosmetic effect. Touch ups are done within 60 days of the initial procedure without any additional charge.

Photography is important in viewing the before and after results of the procedure.

I have no previous health history of any of the following: Diabetes, Hemophilia, AIDS, Hepatitis, Bacterial Endocarditis (Heart Disease), or Keloid tendency and I am not taking any blood thinning medications (Coumadin, Aspirin, Accutane, Retin A, Glycolic Acid. Etc.)

Allergies: No\_\_\_ Yes\_\_\_ If yes, list allergies: \_\_\_\_\_

\_\_\_\_\_



Client's Signature: \_

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

In signing this release for cosmetic tattooing, I hereby certify that I have read and understand the contents of this authorization and that all information is true. I have read the above information and agree all information submitted is to the best of my knowledge. It has been explained to me the before and after-care of tattoo procedure work. I have been given a written copy of the after-care list. I will notify the practitioner regarding any concerns I may have.