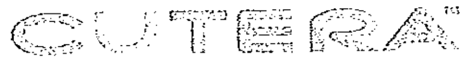

Reflections ALS

Recommended Pre & Post Care for Tattoo Removal Treatments with enlighten system

For best results please follow these instructions

Before your treatment:

- Do not wear makeup on the day of treatment
- No sun-tanning or self-tanners 4 weeks prior to treatment
  - Includes spray tans, tanning lotions, tanning beds, sun exposure, etc.
- Some medications or supplements may increase the risk bruising. Consult with your physician.
- Avoid treatments that may irritate the skin for 1-2 weeks prior to treatment (waxing, depilatories, etc.)
- Notify clinic with any changes to your health history or medications since your last appointment
- History of herpes or cold sores may require an anti-viral prescription prior to treatment

After your treatment:

- Avoid sun exposure for 2 to 4 weeks following treatment and use a broad spectrum (UVA/UVB) sunscreen.
- Avoid skin irritants (products containing tretinoin, retinol, benzoyl peroxide, glycolic/salicylic acids, astringents, etc.) until the skin is fully healed and all crusting has resolved.

PATIENT WOUND CARE INSTRUCTIONS

- Dressing should be changed once a day or after a shower in the first three days of treatment.
- Prior to removing the dressing, wash hands with soap and water, then carefully remove the dressing, gently cleanse the wound with soap and water and pat dry with a clean towel.
- Apply Aquafor® or simple petroleum and cover with a large band-aid or non-stick gauze dressing and make sure the bandage is not too tight.
- Some patients may require help of another person to reach treatment area on back.
- Try not to bump or stretch treated tattoo.
- Scabbing over the treatment area is expected and may last 7 to 14 days.
- Do not pick scabs and avoid scrubbing the treated area when bathing.
- Do not unroof blisters if they occur. Contact physician's office if blisters are uncomfortable.
- Only non-aspirin over-the-counter pain drugs such as acetaminophen should be taken for discomfort after the laser treatment.
- Contact office if any of the following occur:
  - Bleeding that soaks the dressing or bleeding that happens after the first 24 hours
  - Increased redness or swelling
  - Uncomfortable blisters
  - Yellowish or greenish drainage coming out of the wound
  - Persistent pain that last more than 24 hours
  - Fever

- Additional instructions: ____

____

Clinic: ________Reflections ALS__________________________

Clinic Phone Number: ______772 567-7196________________

Reflections Aesthetic & Laser Solutions

PATIENT INFORMED CONSENT FORM TEMPLATE*
FOR TATTOO REMOVAL WITH ENLIGHTEN SYSTEM

I hereby authorize Dr.____________ to perform tattoo removal treatment on me. I understand I may not experience complete clearance, and that it may take multiple treatments. Some tattoos may not respond at all and, in rare cases, may become darker.

The procedure may result in the following adverse experiences or risks:

- DISCOMFORT – For tattoo removal treatments moderate to significant discomfort is expected. Most patients describe the discomfort as less than when the tattoo was applied. Some areas are more sensitive than others. Topical and local anesthetic options may be available if required.
- PURPURA – The area may appear to be bruised after treatment. The bruising will typically fade in 5-7 days.
- BLISTERS/SCABS/CRUSTING – These may occur and usually take 4-10 days to heal.
- PETECHIAE OR PINPOINT BLEEDING – Pinpoint bleeding or oozing may develop and can continue up to 2 days post-treatment.
- HYPER/HYPOPIGMENTATION – Skin can develop temporary lightening or darkening after laser treatment. Hyperpigmentation can be worsened with sun exposure. Hypopigmentation usually occurs after multiple treatments. Pigmentary issues typically resolve with time but can be permanent.
- TEXTURE CHANGES – Transient texture changes are often noted but usually resolve with time.
- EDEMA AND ERYTHEMA – Swelling and redness often occur, but will subside in 2-5 days and can be reduced with regular ice application.
- ALLERGIC REACTION – Patients who have had a prior allergic reaction to ink during tattoo application may have a similar reaction after laser treatment. Please inform us if you experienced any side effects when your tattoo was applied.
- INFECTION – Despite good wound care, pain, swelling, oozing, and fever can indicate the development of an infection. Topical and/or oral antibiotics may be necessary. If signs of infection develop, such as pain, heat, or surrounding redness, please call our office __(Phone number)_______.
- SCARRING – Scarring is a rare occurrence, but it is a possibility if the skin's surface is disrupted. To minimize the chances of scarring, it is important that patients follow all post-treatment instructions provided. Good post-treatment care can help reduce the possibility of scarring.
- INCOMPLETE TATTOO REMOVAL – Multiple treatments are required, and complete clearing is not always possible. Not all ink colors and compositions will respond to tattoo removal treatment.
- PARADOXICAL DARKENING OR COLOR CHANGE – Some tattoo inks, including many lighter and skin-tone inks, may darken or change color in response to treatment.
- "BLEEDING" OF INK INTO SURROUNDING SKIN – May result in smudging or loss of definition of a tattoo rather than removal.
- SUN EXPOSURE / TANNING BEDS / ARTIFICIAL TANNING - May increase risk of side effects and adverse events.
- EYE EXPOSURE – Protective eyewear (shields) will be provided to you during the treatment. Failure to wear eye shields during the entire treatment may cause severe and permanent eye damage.

I acknowledge the following points have been discussed with me:

- Potential benefits of the proposed procedure, including the possibility that the procedure may not work for me
- Alternative treatment options, including the option of leaving the tattoo untreated
- Possible complications/risks involved with the proposed procedure and subsequent healing period

For women of childbearing age: By signing below I confirm that I am not pregnant and do not intend to become pregnant anytime during the course of treatment. Furthermore, I agree to keep Dr. ___________and staff informed should I become pregnant during the course of treatment.

Photographic documentation will be taken. I hereby do ___ /do not___ authorize the use of my photographs for teaching purposes.

ACKNOWLEDGMENT

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS INFORMED CONSENT FOR TATTOO REMOVAL AND THAT AND THAT I HAVE HAD ALL MY QUESTIONS ANSWERED TO MY SATISFACTION.

______________________	______________________	______________________
Signature-Patient or Guardian	**Print Name/Relationship**	**Date**
______________________	______________________	______________________
Signature-Witness	**Print Name**	**Date**

Consent to Grant Permission to use Photos and Digital Images

First Name: ______________________

Last Name: _______________________

Clinic/ Center: ___________________________
Address of Clinic:

You have been requested to grant permission to use photos and digital images taken of you during the series of treatments with the Apollo powered by the TriPollar technology. These images will be used for purposes of professional publications, training and education, marketing or sales.

Your images will be used in a way that prevents exposure of your identity as much as possible: On full face images, eyes will be covered or images will be cut to expose only smaller facial sections.

If you change your mind, you must notify (Clinic)__________________that your photographs are not to be used for these purposes before their release for the indicated uses. Once the photographs have been released it may not be possible to withdraw your consent.

I understand that I will not be paid or reimbursed in any way for current or future use of my images, likeness, words or ideas. I hereby give up any right to inspect or approve the finished product or products that may be used in connection therewith or the use to which it may be applied.

I hereby release and agree to indemnify and hold harmless Pollogen Ltd. and its affiliates and trustees, employees, agents, representatives and vendors from any injury and/or damages sustained as a result of such photographing, including but not limited to, claims for personal injury, property damage, invasion of privacy and/or breach of confidentiality.

I have read and understand this consent prior to signing.

I _____________________ grant permission to (Clinic)_______________ and to Pollogen Ltd to use photos and digital images of my treated areas for the purposes of professional publications, training and education, marketing or sales.

Name_________________________ Signature:__________________________

Date: (MM/DD/YY) ___/___/___