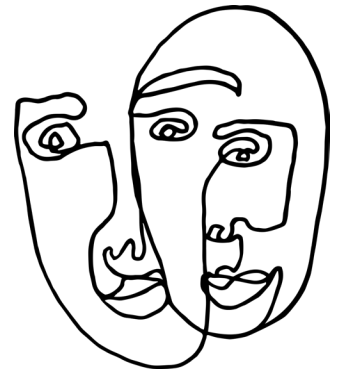


# ONGOING CONSENT



I \_\_\_\_\_ confirm that I have had no changes to my medical history, I have not had any UV exposure to treatment areas in the last 6 weeks and I am aware of possible risks and side effects of laser tattoo removal. I consent to laser tattoo removal treatment.

Date:

Client Signature: .....

**Tattoo Removal Specialist Megan Atkins**

I \_\_\_\_\_ confirm that I have had no changes to my medical history, I have not had any UV exposure to treatment areas in the last 6 weeks and I am aware of possible risks and side effects of laser tattoo removal. I consent to laser tattoo removal treatment.

Date:

Client Signature: .....

**Tattoo Removal Specialist Megan Atkins**

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**Tattoo Removal Specialist Megan Atkins**