Tatto Removal Consent Form

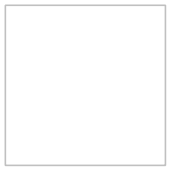
Patient Name	:	sandhya rani				Emirates ID	:	784-1996-9294842-7
File No	:	7	DOB	:	2023-10-09	Nationality	:	Other
Gender	:	Female	Doctor's Name	:	Shilpa Sandhya	Date	:	2023-12-27

Your permission is necessary before commencing any treatments. The permission form is intended to be a tool to ensure that you have been informed about your procedure, the risks and benefits, and to provide you with a chance to ask questions.

1. I understand that the success of tattoo removal varies greatly depending on the age of the tattoo and the concentration of pigment colors.
2. The number of treatments varies widely depending on who applied the tattoo (professional vs. homemade). Most commonly 2—12 treatments are necessary to remove the pigment.
3. I understand that there is no guarantee that the laser will remove all the pigment. Black, dark blue, and blue are easier to remove. Green, orange, and yellow are more difficult to remove.
4. I understand that a shadow of the tattoo may be present after the treatments
5. I understand that my skin was originally scarred by the tattoo application needle. This injury may remain even if all the pigment is removed.
6. I understand that my skin will be extremely sensitive to sunlight following the procedure. I agree to refrain from tanning for 2 weeks prior and 4 weeks following the treatment. Maximum SPF should be worn at all times.

I have read and understand this agreement and all my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement.

I, the undersigned medical professional, hereby certify that I have reviewed the foregoing treatment consent with the named patient (including the risks of and alternatives to treatment) on or prior to the first date of treatment and have given the patient the opportunity to ask questions regarding his or her treatment, including the opportunity to communicate with a physician.

Sign here, only if all of your questions have been answered to your satisfaction		
Patient	witness	Doctor
		
Patient Name sandhya rani Date 2023-12-27	Witness Name s Date 2023-12-27	Doctor's Name Shilpa Sandhya Date 2023-12-27