

Tattoo Vanish™

Client History and Treatment Plan

Description of unwanted tattoo, size, color and location:

Reason for lightening or removal: _____

Amount of removal desired: _____

Tattoo was last worked on: (date) _____

How many tattoo sessions were performed at this site? _____

List any adverse reactions experienced after the application of the unwanted tattoo including, but not limited to, infections, swelling and bleeding: _____

List any corrective action or medical treatment explored or attempted prior to this consultation:

Technician to complete the section below:

It is estimated that lightening and/or removal of the unwanted tattoo ink will take from _____ to _____ sessions, scheduled at least 6 to 8 weeks apart. Client agrees to not seek other removal treatments during this attempt to lighten and/or remove this unwanted ink.

Client will follow the written instructions for the aftercare and contact the technician listed below first (1st) in the event of any questions or concerns following the lightening and/or removal attempts.

The client affirms they fully disclosed the entire relevant history of the unwanted tattoo.

By affixing my signature below, both client and technician have discussed the above client history form and treatment plan and both agree that the information is fully understood.

Client Signature: _____ Date: _____

Witness _____ Date _____

Technician Signature: _____ Date: _____