Lexington Plastic Surgery

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TATTOO REMOVAL

REQUEST FOR TREATMENT AND INFORMED CONSENT

DO NOT SIGN THIS FORM UNTIL YOU HAVE READ IT AND FULLY UNDERSTAND ITS CONTENTS

PATIENT: _____ DATE: ____/____/____

The following has been explained to me in general terms and I understand that:

1. The nature and purpose of the procedure is to remove undesirable tattoo(s) located:

_____

_____

2. I consent to the administration of such anesthesia as may be considered necessary or desirable by Dr. Gerstle, including topical or injectable preparations.

3. I also consent to the release of specimens to appropriate third parties.

4. I also consent to the taking of photographs, moving pictures, television, or other audiovisual aids during the course of treatment.

5. The risks involved in the performance of the above-described procedure include but are not limited to: BLEEDING, UNSATISFACTORY SCARRING, INCOMPLETE REMOVAL OF THE LESION, INFECTION, RECURRENCE OF THE LESION, REACTION TO ANESTHETIC AGENT, NEED FOR ADDITIONAL SURGERY OR REVISIONS, NEUROPATHIC PAIN, DELAYED WOUND HEALING, DAMAGE TO DEEPER STRUCTURES SUCH AS BLOOD VESSELS OR NERVES.

6. Even though the risks and complications cited above are infrequent, they are the ones peculiar to the operation and are of greatest concern. Complications may also be increased due to the patient's individual medical condition and personal habits. Medications, i.e. **ASPIRIN**, may interfere with blood clotting and cause excessive bleeding. **SMOKING CIGARETTES** may interfere with blood supply to the skin and may cause abnormal healing with tissue sloughing (dissolving away) and excessive scarring. **ALCOHOL** may cause excessive bleeding during and after surgery. Certain **HERBAL PREPARATIONS** may affect the blood clotting system and cause excessive bleeding while others may inhibit healing of the incisions. Colds, infections, boils, and pustules may increase the risk of infection after surgery. Excessive sun exposure and/or tanning beds, heating pads, and hot water bottles may cause severe burns at the surgery site if one has temporarily or permanently lost protective sensation.

7. Any alternative methods of treatment, risks involved, and possible complications have been explained to me. I acknowledge that no guarantees have been made to me concerning the results of the procedure

Initials_____(person signing)

8. BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ OR HAD THIS FORM READ AND/OR EXPLAINED TO ME, THAT I FULLY UNDERSTAND ITS CONTENTS, THAT I HAVE BEEN GIVEN AMPLE OPPORTUNITY TO ASK QUESTIONS AND THAT ANY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION.

Signature of person giving consent: _____ Date: _____

Relationship to patient if not the patient: _____

Witness: _____ Date: _____

_____ Copy of consent form offered to patient

_____ Copy given _____ Declined