



**INFORMED CONSENT AND RELEASE FORM Q-SWITCHED TATTOO
& PIGMENT REMOVAL TREATMENT**

Patient Name _____ Date _____

I, _____ hereby request and authorize
_____ to perform Q-Switched Tattoo and Pigment removal on
my _____. I understand the ComplexCity
Laser is an FDA cleared device. I have had time to discuss my indications and the
treatment with my physician and all of my questions have been answered to my
satisfaction. I have adequate knowledge of this procedure to sign an informed consent. I
understand that treatment is contraindicated in patients who are currently taking anti-
coagulants, have a compromised immune system, have impaired healing (e.g. keloid
scarring tendency), are currently pregnant or breast feeding, have a suspicious lesion in
the treatment area and who have had any use of Isotretinion (Accutane) in the past year.
I consent to the administration of anesthesia by my doctor or other qualified staff as
needed during the procedure. I understand that all anesthetics involve risks of drug
reactions and complications. I understand that the ComplexCity Laser is a Class IV Q-
Switched Laser. I understand that I must have special laser protective eye shields
covering my eyes during treatment. I understand that clinical results may vary depending
on my response to this procedure and my compliance with pre and post treatment
instructions. I also understand that possible complications and risks include scarring,
pigment changes, infection, swelling and prolonged redness of the treated skin. I
consent to taking photographs and authorize their anonymous use for public education,
medical study or research and documentation for my medical records. _____
(initials). I understand and will follow the doctor's recommendations for post treatment
care of my skin. I understand that no guarantee has been given to me with regard to the

percentage of improvement of my skin and that more than one fractional laser skin resurfacing treatment may be necessary to achieve the desired results.

Signature _____

Date _____

Print Name _____

Witness Signature _____

Date _____

Print Name _____