



**Li-FT Tattoo Removal - Important Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Area on the body tattoo is located: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Remember- everyone heals differently. All results vary from person to person.

LI-FT is a safe, tested, and natural pigment lightening solution safe for permanent makeup on the face including eyeliner and for different areas of the body to lighten small body tattoos. Results will vary depending on but not limited to clients own skin and healing process, type of pigment to be removed, depth of pigment to be removed, technique used, needle used and after care regimen followed.

Patch testing on darker skin types is recommended 1 week prior to treatment to avoid hyperpigmentation or hypopigmentation. Even if patch test is successful, hyper or hypo pigmentation is still possible.

Size of tattoo for removal should be no bigger than a deck of cards. No more than two square inches is recommended at one time in one session for some skin types or some areas of the body. You may have to return for multiple sessions to cover total tattoo area.

Several treatments may be needed in order to attempt to achieve my desired results. However, I cannot guarantee to the number of treatments needed or quality of the outcome of the process.

Immediately after your treatment, you may experience minor and temporary bleeding, bruising, redness or other discoloration and swelling. Fever blisters may occur on the lips following lip procedures in individuals prone to this problem. Secondary infection in the area of the procedure may occur, however if properly cared for, this is rare.

Total healing time is 8 weeks. Your next appointment should be scheduled accordingly and can NOT be made sooner for any reason. The skin needs to heal.

Unwanted pigment may not be successfully lightened to the point that it can no longer be seen. Scarring as hyper-pigmentation or hypo-pigmentation, or other damage to the skin may occur during this process and may be permanent. This is rare but it can happen. I will not hold my technician or the distributor/manufacturer of tattoo removal products used in this attempted pigment (tattoo) lightening or removal liable for any damages that may occur to my person.

Lightning tattoo pigment is difficult, if even possible. I will make every effort to successfully treat the pigmented area but cannot guarantee final results. As a result I will not hold my technician responsible for any resultant failure to lighten the unwanted pigment.

**Which of the following best describes your skin type? (Please circle one number)**

- I Always burns, never tans
- II Always burns, sometimes tans
- III Sometimes burns, always tans
- IV Rarely burns, always tans
- V Brown, moderately pigmented skin
- VI Black skin

**Please Initial**

\_\_\_\_\_(Client Initials) I have been duly informed of the nature, risks, possible complications and consequences as listed above. I further understand that my technician is not a medical doctor

\_\_\_\_\_(Client Initials) There is a fee for this service and additional fees for all additional sessions. The fee's have been explained to me and I agree to the fees. The fee for this first session is \$250. Fee's for the additional session(s) cannot be determined until the results from this first session are complete and how much needs to be done the additional session (s) can be determined.

**Disclaimer, Terms, & Conditions:**

This questionnaire should only be regarded as general guidelines and is not intended to replace medical advice or pre or post treatment health screening by a tattooist. Always consult with your medical practitioner before acting on any information in relation to any medical condition or health related circumstance. This form is provided "as is" without any guarantees, warranties, or liability of any kind, use entirely at your own risk. Your use of this form is strictly on the basis of the acceptance of the above terms and conditions.

Client Print Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Client Phone Number: \_\_\_\_\_

Artist Signature: \_\_\_\_\_

Date: \_\_\_\_\_