

Tattoo Removal Consent

A Nu Yu Permanent Cosmetic and Aesthetic Care, L.L.C.
1100 Boston Post Road, Guilford, CT 06437
203-453-1112

I, _____ currently have an unwanted tattoo.
This pigment is located on _____
_____ (area of my body). This are was last tattooed on
(date) _____ by _____ (name of
Technician/Facility). This procedure was tattooed _____ times.

This pigment is unwanted because (indicate: shape, color or
location) _____
_____.

I would like my technician to attempt to: (a) remove the tattoo if possible;
or (b) partially remove the tattoo or (c) lighten the tattoo. (Select One)

I understand that several treatments may be needed in order to attempt to
achieve my desired results. I have not been given any guarantees as to the
quality of the removal results.

I understand there are several medical options and methods available for
pigment removal. I have decided to decline those methods.

I understand that the unwanted pigment may not be successfully removed,
and (in a rare case) that permanent scarring may result in an attempt to
remove the pigment, as well as possible hyper-pigmentation,
hypopigmentation, or other damage to the skin which may be permanent.

I will not hold my technician, Christine Zimmerman, or A Nu Yu
Permanent Cosmetic and Aesthetic Care responsible for any resultant
failure to remove, partially, totally or to lighten.

I will not hold my technician and/or the distributor of tattoo removal
products used in this attempted tattoo removal, liable for any damages that
may occur to my skin.

I agree to take “before” and “after” photographs and to conform to all
rules and regulations established by my technician, Christine Zimmerman
and A Nu Yu Permanent Cosmetics, to ensure a successful removal of
the unwanted pigment/tattoo.

I agree to follow **all** aftercare instructions.

I have been informed of the nature, risks, possible complications and consequences as listed above. I further understand that the above listed technician is not a medical doctor and this procedure is an art and not an exact science and have neither asked for nor received any guarantees or promises as to the results obtained.

I understand everything listed above, have had my questions answered, agree that is all true and correct and by my signature below I agree to the above.

_____ Date
Signature of Client

_____ Date
Witnessed by Technician Performing Removal/Lightening