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## Consent to Tattoo Removal

In signing this document, I give permission to KP Aesthetics, or their designates to treat my tattoo with laser therapy.

I understand the goal of this procedure is to improve the appearance and eradication of my tattoo. I understand that every individual is unique, and it is difficult to guarantee a specific result. Thus, I realize that I may require a series of treatments to achieve my objectives. \_\_\_\_\_ **Initial**

I agree to call the clinic if I have any difficulty after my treatment. \_\_\_\_\_ **Initial**

I agree to follow the aftercare protocol which is outlined on a separate take-home paper. \_\_\_\_\_ **Initial**

I understand that although uncommon, complications can occur. It has been explained to me that these complications include: local infection, pigment changes, scarring, redness, swelling, tenderness, and temporary worsening appearance of my tattoo. \_\_\_\_\_ **Initial**

If I have forgotten to tell the clinic staff of my health problems, medications, allergies, or other important information, I will do so now. \_\_\_\_\_ **Initial**

I am not currently pregnant or breast feeding. \_\_\_\_\_ **Initial**

I hereby give my permission to undergo tattoo removal. \_\_\_\_\_ **Initial**

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Patient Signature

Date

