I, the undersigned, do hereby request, consent to undergo, and authorize Avissa Skin, and its employees, independent contractors, associates, agents, and representatives (collectively and hereby known as "Practice") to perform, implement, and/or assist in the following elective aesthetic procedure. I understand that elective aesthetic procedures are not medically necessary or required. I also understand that the Practice only implements elective aesthetic procedures and does not diagnose, treat, or cure medical conditions.

Desired Elective Aesthetic Procedure: LASER TATTOO REMOVAL HOLLYWOOD SPECTRA by LUTRONIC	Initials	I have received a copy of both the information sheet and the pre / instructions for this elective aesthetic pro initials indicate that I have carefully reaunderstand these documents.	post-care poedure. My
To the best of my knowledge, I have provided a conditions or complications, prescription medical not pregnant or lactating.		,	0 .,
Although it is impossible to list every potential ris and its benefits, possible risks, side effects, com given ample opportunity to ask questions, all complications or delays in recovery may occur vormal daily activities and thus economic los recommended follow-up visits are crucial in videos will be taken before, during, and after the processing the state of the st	nplications, and availab of which have been a which could lead to the ss. I understand tha minimizing the risk o	le alternative procedures have been fully inswered satisfactorily. I realize that, as a need for additional procedures, and co t compliance with the pre / post-ca f any complications. I understand that compliance with the pre / post-ca f any complications.	explained to me. I have been in all aesthetic procedures, uld result in a delay to one's re instructions as well as occasionally photographs and
I am personally responsible for the full payment performance of aesthetic procedures only, not gueffort has been made to achieve realistic expect obtained. I recognize that I may require further pro-	uaranteed results. I ack ations, there cannot be	nowledge that although a good outcome is any guarantee, expressed or implied, a	is expected and a reasonable as to the results that may be
I freely accept all possible risks, side effects, a Practice from any liability directly or indirectly r spouse, relatives, legal representatives, heirs, at the above elective aesthetic procedure. I agree become pregnant. I am 18 years of age or older a	related to this procedu dministrators, successo te to inform the Practice	re. This consent is voluntarily executed ors, and assignees. This consent is val a if there are any changes in my medical of	and shall be binding on my id for all future sessions of
Print Patient Full Name	 Patient Sig	gnature	 Date
	·		
Reviewed By			