



Saline Removal consultation Form

How does salt and saline paste achieve an effect?

The procedure in which salt and saline paste is used is similar to micro-pigmentation. The difference is we are going to introduce salt into the upper dermis rather than pigment. The removal formula starts to act as soon as it is applied to the original tattoo. The scab will form over the tattooed area. In the next few days while the skin heals, the ink will be drawn out from the tissue that regenerates into the patchy part of the scab. The scab will start naturally to peel and consequently the undesired ink will be extracted from the skin. After the procedure, the area where the scab has formed should be kept completely dry/no water.

General Information

Salt Paste treatment has been proven to be a safe and effective treatment for tattoo removal. Alternative treatments exist that include laser, dry needling, acid solutions and surgical removal with skin grafting. All of these come with respective inherent risks. The risks with Salt Paste treatment include potential for scarring, bleeding, infection, lightening or darkening of the skin's natural pigment, hair loss, and inability for the affected area to tan. In some cases, the therapy may fail to remove all pigment.

Education and Consent

- While the goal of the procedure is to remove all visible signs of the original PMU with minimal to no scarring or other adverse outcomes, I understand that successful and complete removal of the tattoo depends upon many factors such as age of the original tattoo, depth of pigment implantation, type of pigment implanted, whether the original procedure was performed by a professional or unskilled tattoo artist, surface area and body location.
- I understand that my cooperation in following and complying with all aftercare instructions is crucial to optimising my chances of obtaining the desired outcome.
- Today's procedure involves using a sterile, dry tattoo needle to enter the top layers of the skin, reopening only the areas of skin that had previously been tattooed.

- Using a dry tattoo needle and following the exact same lines and surface as the original tattoo, access is gained to the upper dermis level necessary to expose the underlying pigment. Once the area is opened, additional anaesthetic is applied for a few minutes. Then a salt paste is introduced into the open area and left on for 20-30 minutes with occlusive dressing or as long as can be tolerated by the client.
- At the end of this time period, the site is then rinsed clean either with filtered water or sterile normal saline. After the site is assessed, if tolerated well by the client, a second, fresh application of salt paste is introduced into the same site.
- It is important, in order to achieve maximum effectiveness of the removal process, for the client to continue with at least one if not two more episodes of salt paste treatment, waiting for a full 6 weeks in-between, and the skin checked to see if its suitable. This is because the original pigment will be lifted through and up out of the skin by the salt as the body attempts to rid itself of the hypertonic solution during healing. It is imperative that the site remains dry once all salt paste treatments are completed (usually within the 1st 12 hours of initial application in the clinic).

Aftercare procedure

- No ointments lotions, tinctures or topical medications of any kind should be applied to the site.
- This scab is key to lifting out the original tattoo ink or pigment! **DO NOT** touch, pick at or attempt to remove scab manually. The wound must completely heal, and the scab must dry up and fall off entirely on its own. All pigment that lifted will be in this scab. To pull the scab off before it is time can result in unnecessary scarring and/or incomplete lift and removal of ink/pigment.
- Monitor for signs of infection such as continued redness 3-4 days post procedure, excessive swelling, pus drainage, increased tenderness with warmth at affected area or a general non-healing appearance after 2-3 days. Report these or any questions or concerns about similar signs and symptoms to your Artist.
- In the event the site was to become infected the post care instructions as given above will not apply.
- The process for this episode of tattoo removal treatment would be abandoned and the signs and symptoms of potential infection should be treated by your G.P.
- Infections are relatively easy to prevent by keeping the site clean, dry and intact. Occlude with sterile gauze and do not touch or allow foreign elements (people, animals, sweat or dirt) to come into contact with treated area.
- Salt and saline tattoo lifting requires that we create an open wound in your skin.
- The Aftercare procedure is extremely important in order to reduce the chances of infection and/or visible scarring.
- Aftercare instructions (pack) will be provided to each client and explained fully in your consultation and after the treatment.

By signing below, I agree that:

I have had a full consultation and understand the procedure being performed. I have been given full verbal aftercare advice and also, I have been given an aftercare pack which includes written instructions

and aftercare balm. I have been given opportunity to ask and have all questions answered. I have been provided the supplies necessary to continue the home care process. I understand that any photos shown to me of other client's tattoo removal results are for demonstrative, illustrative and educational purposes only and do not indicate a guarantee of my results. No guarantees or promises have been made to me of expected results or outcomes.

I understand this procedure is not guaranteed. The PMU removal procedure & after care instructions have been fully explained to me. I fully understand and I am happy for the first treatment to go ahead.

Client

Signature _____ Date _____

I consent / do not consent (please circle one) use of my before and after tattoo removal photos for education and marketing purposes.

Client

Signature _____ Date _____

Removal artist

Signature _____ Date _____

Client Medical History Form

Today's Date: _____ **Date of Birth:** _____

Address: _____

Mobile Number: _____ **Alternative Number:** _____

Email Address: _____

Emergency Contact Number: _____ **Relationship:** _____

Do you or have you previously had any of the following: (Circle YES or NO)

YES / NO	History of MRSA	YES / NO	Botox
YES / NO	Diabetes	YES / NO	Blepharoplasty (Eyelid)
YES / NO	Hepatitis (A, B, C, D)	YES / NO	Forehead/Brow/Facelift
YES / NO	Easy Bleeding	YES / NO	Herpes Simplex Virus
YES / NO	Alcoholism	YES / NO	Diabetes
YES / NO	Epilepsy	YES / NO	Keloid Scarring

YES / NO	Abnormal Heart	YES / NO	Pregnant/Breastfeeding
YES / NO	Chemical Peel	YES / NO	Brow/lash tinting
YES / NO	Autoimmune Disorder	YES / NO	Oily skin
YES / NO	Cancer. If yes, what year?	YES / NO	Accutane/acne treatment
YES / NO	Chemotherapy/Radiation	YES / NO	Tan by sunbed or sun
YES / NO	Tumours/ Growths / Cysts	YES / NO	Taking blood thinners
YES / NO	Are you allergic to anything? (Including metals, food etc.) If yes, please list:		

YES / NO Any diseases or disorders not listed? If yes, please list:

YES / NO Do you use skin care products containing Retin-A, Glycolic Acid or Alpha Hydroxyl? (Please list products used) _____

Please list any medications you're currently taking: _____

I agree that all the above information is true and accurate to the best of my knowledge.

Signature _____ Date _____