

**Consent For Treatment For the Removal of Pigmented Lesions Including Tattoo's  
Using Rohrer Aesthetics, LLC Spectrum Laser System**

I, \_\_\_\_\_, authorize and consent to the treatment with the Spectrum Laser System manufactured by Rohrer Aesthetics, LLC.

I have been advised by, \_\_\_\_\_ of \_\_\_\_\_, of the purported advantages and disadvantages associated with this treatment. \_\_\_\_\_ (initials)

I understand that treatment with this laser system varies from patient to patient and that that more than 1-treatment may be required. \_\_\_\_\_ (initials)

Although rare, adverse outcomes such as hyperpigmentation and/or hypopigmentation (darkening or lightening of the skin), skin texture changes, and trace scarring can occur . \_\_\_\_\_ (initials)

No guarantees have been made to me regarding the outcome of the treatment or any improvements in my condition due to the procedure. \_\_\_\_\_ (initials)

I understand that the possible benefits are the reduction and possibly the elimination of unwanted pigmented lesions and/or the removal of ink used for tattoo's. \_\_\_\_\_ (initials)

Due to the brilliance of the laser light energy used, I agree to wear eye protection to shield my eyes. \_\_\_\_\_ (initials)

I have been given the opportunity to ask questions and have received satisfactory answers to those questions. \_\_\_\_\_ (initials)

I hereby authorize the taking of photographs. These photographs will be shared with Rohrer Aesthetics, LLC and Rohrer Aesthetics may use them in marketing brochures. \_\_\_\_\_ (initials)

I hereby indemnify and hold harmless Rohrer Aesthetics, LLC and all individuals associated with Rohrer Aesthetics, LLC, the physician and/or the treating technician, and all staff members at the office of \_\_\_\_\_ from any and all liability, damages, cost and expenses arising from or out of the use of the Spectrum Laser System \_\_\_\_\_ (initials)

With all of the above information understood, I am choosing to be treated with the Spectrum Laser System. \_\_\_\_\_ (initials)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date