

Tattoo Exposure Statement

I understand that red light therapy may cause temporary changes to the appearance of tattooed skin, including but not limited to warming, darkening, lightening, or temporary irritation of the tattooed area. I acknowledge that tattoos may respond differently to light exposure based on ink color, age of the tattoo, depth of ink, and individual skin characteristics.

I understand that covering a tattoo during treatment is optional for my safety and comfort. I am choosing to proceed without covering my tattoo(s) during red light therapy.

I acknowledge that any potential changes to tattoo appearance are generally uncommon, but possible, and I do not hold the provider or Carter Healthcare responsible for changes in color, fading, irritation, or sensitivity of the tattooed area.

By signing below, I confirm that I have been informed of the potential risks, had the opportunity to ask questions, and voluntarily consent to red light therapy without tattoo covering.

Signature

Date