

RADIANT

LASER

RADIANT QUANTUM

PICOSECOND LASER

TREATMENT CONSENT AND INFORMED WAIVER

FOR MULTIPLE TREATMENT INDICATIONS:



TATTOO REMOVAL

Removes unwanted tattoo pigment.



CARBON FACIAL

Deep cleansing, brightening and skin rejuvenation.



PMU REMOVAL

Removes permanent makeup from brows, lips and eyeliner.



PIGMENTATION REMOVAL

Targets sun spots, age spots, melasma and uneven tone.



SKIN RESURFACING

Improves texture, fine lines, acne scars and overall skin quality.



CLIENT INFORMATION

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Phone: _____

Email: _____

Address (optional): _____

ABOUT RADIANT QUANTUM PICOSECOND LASER

The Radiant Quantum Picosecond Laser uses ultra-short picosecond laser pulses to deliver high peak energy to target pigment and stimulate skin renewal with minimal heat damage. It is a versatile platform used for tattoo removal, carbon facials, permanent makeup removal, pigmentation removal and skin resurfacing.

POTENTIAL BENEFITS

- Effective removal of multi-coloured tattoos
- Improved skin tone and clarity
- Reduction of pigmentation (sun spots, age spots, melasma)
- Removal of permanent makeup (eyebrows, lips, eyeliner)
- Deep cleansing and brighter skin with carbon facials
- Improved skin texture, fine lines, pores and acne scars through skin resurfacing
- Minimal downtime compared to traditional lasers

POTENTIAL RISKS AND SIDE EFFECTS

Although picosecond laser treatments are generally safe when performed by a trained and qualified professional, possible side effects may include:

- Temporary redness
- Swelling
- Mild discomfort or stinging
- Pinpoint bleeding
- Bruising
- Darkening or lightening of the skin (hyperpigmentation or hypopigmentation)
- Crusting or scabbing
- Itching or dryness
- Changes in skin texture
- Blistering (rare)
- Scarring (rare)
- Infection (rare)
- Tattoos may require multiple sessions and may not be completely removed
- Pigment in tattoos may darken before fading
- No improvement or incomplete results
- Other unforeseen reactions

CONTRAINDICATIONS (Treatment may not be suitable if you have):

- Pregnancy or breastfeeding
- Active skin infections (e.g. cold sores, bacterial, fungal or viral)
- History of skin cancer or pre-cancerous lesions in the treatment area
- Open wounds, eczema, psoriasis, rashes or irritated skin
- Recent tanning, sunburn or excessive sun exposure
- Use of isotretinoin/Accutane (within the last 6–12 months)
- History of keloid scarring or poor wound healing
- Use of blood-thinning medications (as advised by your healthcare provider)
- Uncontrolled medical conditions (e.g. diabetes, autoimmune disorders)
- Epilepsy (for light-sensitive conditions)
- Metal implants or medical devices in the treatment area (advise practitioner)
- Any other condition that, in the opinion of the practitioner, may make the treatment unsafe

TREATMENT AREAS AND INDICATIONS



TATTOO REMOVAL

- Targets and breaks down tattoo ink particles.
- Effective for multi-coloured tattoos (multiple sessions required).



CARBON FACIAL

- Deeply cleanses pores, reduces oil and improves skin tone.
- Helps with acne, enlarged pores and overall skin rejuvenation.



PERMANENT MAKEUP (PMU) REMOVAL

- Removes pigment from eyebrows, lips and eyeliner.
- Helps correct faded, unwanted or uneven permanent makeup.



PIGMENTATION REMOVAL

- Targets sun spots, age spots, melasma, freckles and uneven skin tone.
- Promotes a brighter, more even complexion.



SKIN RESURFACING

- Stimulates collagen production for smoother, firmer skin.
- Helps reduce fine lines, wrinkles, acne scars and improves texture.

CLIENT ACKNOWLEDGEMENT AND CONSENT

- ☐ I have read and understood the information provided above.
- ☐ I have had the opportunity to ask questions and have received satisfactory answers.
- ☐ I understand the potential risks, side effects and benefits of Radiant Quantum Picosecond Laser treatments for all indications (tattoo removal, carbon facial, permanent makeup removal, pigmentation removal and skin resurfacing).
- ☐ I confirm that I have disclosed my complete medical history, current medications and any skin conditions to the practitioner.
- ☐ I understand that multiple treatment sessions are typically required for optimal results and that results may vary.
- ☐ I understand that no guarantee can be made regarding the outcome of the treatment.
- ☐ I agree to follow all pre- and post-treatment care instructions provided by the clinic.
- ☐ I voluntarily consent to receive Radiant Quantum Picosecond Laser treatments.
- ☐ I release the clinic, its owners, employees and affiliated partners from any liability related to the treatment, except in cases of negligence.

CLIENT SIGNATURE

Client Signature: _____

Date: _____

Practitioner Name: _____

Date: _____