Tattoo Removal Questionnaire

Which tattoo removal procedure is the correct one for me? (What are the options?) ________
____________________________________________________________________________________

What is the estimated cost of the procedure? _________________________________________________
____________________________________________________________________________________

How long is one appointment? ____________________________________________________________
____________________________________________________________________________________

How often will I need to receive treatment to remove my tattoo? _____________________________
____________________________________________________________________________________

How far apart are the treatments? _________________________________________________________
____________________________________________________________________________________

What are the common side effects or complications associated with the procedure? ________
____________________________________________________________________________________
____________________________________________________________________________________

How can I prepare for the treatment/procedure? _____________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Does tattoo removal hurt? ________________________________________________________________
____________________________________________________________________________________

What are my pain management and anesthesia options? _______________________________________
____________________________________________________________________________________
____________________________________________________________________________________

How long is the recovery time associated with my procedure? _________________________________
____________________________________________________________________________________

Do you have before-and-after patient images to help to prepare me for what to expect? ______
____________________________________________________________________________________

Will someone walk me through the process before going in for treatment? ____________________
____________________________________________________________________________________

What are the risks? ______________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
What should I expect after the procedure is performed? (i.e., short-term and long-term effects; activity restrictions; expected recovery period)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Other Questions and Notes

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Is a doctor on site? 

☐ Yes  ☐ No

Is the doctor board-certified in dermatology or in another specialty with equivalent training and experience?

☐ Yes  ☐ No

Was my medical history taken?

☐ Yes  ☐ No

Was I given an initial evaluation to determine if the technique or procedure is appropriate for my skin type?

☐ Yes  ☐ No

Did the doctor show me before-and-after photos?

☐ Yes  ☐ No