

WELCOME PIQ04!!

We are proud to introduce Piqo4...the first 4-wavelength picosecond laser system and we are the first in Illinois to offer it!

Why Ritacca Cosmetic Surgery & Medspa for your laser tattoo removal needs?

- ✓ We guarantee removal!*
- ✓ Prices starting at only \$100 per treatment
- ✓ Over 18 years of experience having performed over 15,000 treatments!
- ✓ 5 picosecond lasers with capability to treat 96% of colors
- ✓ Quicker removal with fewer treatments (average of 3-5 sessions)
- ✓ Gentler approach resulting in minimal risk of scarring
- ✓ Less pain
- ✓ Surgical Excision also available

The Ritacca Guarantee

If you have a qualifying tattoo*, we guarantee to remove it in 6 treatments or less! If 6 months after your 6th PICO treatment, your tattoo is not gone, we will provide you with a package of 3 treatments for **FREE!*** Ritacca Advantage members also receive a complimentary 7-Day Post Care Kit. We look forward to seeing you for a free consultation to discuss details.

1-Black

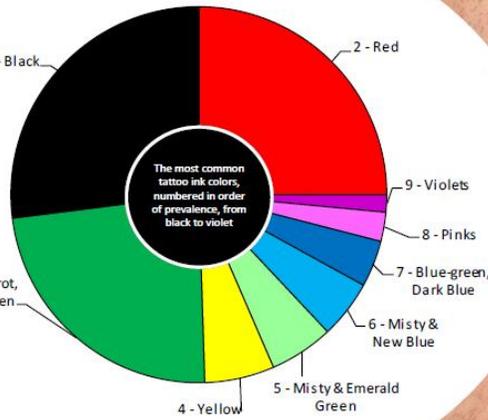
Black is the most common ink in both amateur and professional tattoos. With unrivaled pulse energy and 15mm spot, PIQ04's 1064 nm energy is ideal for these inks... even on darker skin.



Studies indicate that **only the PIQ04 wavelengths target 8.5* of the 9th common colors.**^{1,2,3}
By contrast, other picosecond lasers with fewer wavelengths are highly-absorbed by only 4 or less colors.

2-Red

Red is the second-most-common ink color. The PIQ04's 532 nm wavelength has 1.8 times the power of other laser systems, which facilitates faster clearance of red pigments.



3-Green

650 nm is used on greens, the third-most popular.



4-Others

585 nm is used on blues, purples, and other colors.



References:
1. Beutle, Miller, Timko & Ross. Dermatol. Surg. 2008; 34:508 – 516.
2. Haedersdal, Bech-Thomsen & Wulf. Arch. Dermatology. 1996; 132: 403-407.
3. Bencini, et al. Arch. Dermatology. 2012; E1-E7.

* Yellow is secondarily absorbed by 532 nm.
‡ No wavelength is highly-absorbed by white ink.

All before-and-after photos courtesy of FadeFast.com

#What's your Piqo?



230 Center Drive, Vernon Hills, IL 60061
847-367-8815 * RitaccaLaserCenter.com

LASER TATTOO REMOVAL INFORMED CONSENT

- 1. I, _____, (name) consent to authorize the Ritacca Cosmetic Surgery & Medspa and members of its staff to perform laser tattoo removal treatments on me. The purpose of this treatment has been explained to me and I have had an opportunity to ask questions of the health care professional about the treatment. Any questions I have had regarding this treatment have been answered to my satisfaction.
- 2. I consent the administration of local anesthetic and the risks have been explained to me.
- 3. I understand that hypopigmentation (lightening of skin), hyperpigmentation (darkening of skin), and textural scarring are risks of laser tattoo removal treatments and this has been explained to me.
- 4. I have reviewed the post care instructions given to me and agree to follow all safety precautions during treatments and to follow post-treatment instructions. I understand that side effects can include and are not limited to redness, swelling, blistering, itching, scabbing, bleeding and pain at the treatment site and certain activities will be limited during this healing phase. I also understand that not following post care instructions can increase certain risks such as hyper/hypopigmentation as well as infection.
- 5. I understand that tattoo removal is an elective procedure and I have the right to refuse treatment. I also understand that there are alternative methods such as surgical excision.
- 6. I understand that temporary hair loss in the tattooed area is possible and in rare cases permanent hair loss is possible.
- 7. I understand that there is a risk of allergy to the ink after laser treatment and in rare cases may lead to anaphylactic shock.
- 8. I understand due to multiple ink types there is a risk of ink darkening after laser. This is highly likely in flesh tone and white inks but may also occur with other inks colors. Further treatments may or may not remove this darkened ink.
- 9. No warranties or guarantees have been given to me regarding the outcome and I understand there is a possibility of incomplete removal.
- 10. I understand that for treatment near the eye, specifically inside the orbital bone, there is some risk of ocular damage or blindness.
- 11. I authorize the use of a combination of lasers including Picosecond, Nanosecond or ProFractional resurfacing lasers for my tattoo if deemed appropriate. I understand that some of these lasers may not be FDA approved for the removal of tattoos and this is therefore considered "off-label" use.
- 12. I understand that tanning must be discontinued throughout the process of my treatments. If I am going to be exposed to the sun or a tanning bed, the tattoo must remain covered.
- 13. I hereby grant permission to the Ritacca Cosmetic Surgery & Medspa to take pre and post treatment photographs.
- 14. I also grant non-exclusive rights for my photographs to be used for educational & training purposes, professional publications or sales purposes, and all marketing material the office chooses. It is understood, however, that such medical education, marketing material, knowledge or research, publications, or journal reports shall not identify me by name. This is not a limited use license therefore my photos may be used indefinitely.
- 15. I understand this consent form is valid for all future treatments.
- 16. I agree to pay the cost of treatment performed and understand the cost of local anesthesia is \$30 per session.
- 17. **The laser tattoo removal guarantee has been fully explained to me and I understand that I must follow the treatment cycle schedule discussed in order to qualify for the guarantee. Deviating from this schedule will make my guarantee null and void.**

Patient Signature _____ Date _____

Witness Signature _____ Date _____

FOR MINORS: CONSENT OF PARENT OR LEGAL GUARDIAN

I, _____ (name), as parent/legal guardian of _____ (patient name), consent to and authorize the performance of laser tattoo removal treatments. I have read the above consent form and agree to its provisions.

Signature of parent/legal guardian _____ Date _____

LASER TATTOO REMOVAL

Post Care Instructions

1. Gently wash the treated area twice daily with an antibacterial soap (such as liquid dial). It is important to wash very gently, do not scrub the tattoo. The best method is to use the pads of your fingertips, after first washing your hands.
2. Blot dry with a clean towel.
3. Apply a thin layer of silver sulfadiazine cream antibiotic* (from our pharmacy\$20.00) or Bacitracin Ointment (OTC). Apply twice a day for seven days. If red bumps or hives appear to develop on and surrounding the tattoo, you may be allergic to the medication, discontinue and notify the office.
*Try to use Silver Sulfadiazine cream antibiotic or Bacitracin, We find that there is a high number of allergic reactions to Polysporin and Neosporin.
4. After applying sulfadiazine cream/bacitracin, cover with a non-stick bandage or telfa pad. Do not use gauze. This will stick to the wound and may prevent proper healing.
5. You may tape or wrap the non-stick bandage in place. If an ace wrap is used, apply loosely. Tape allergies are common, if skin becomes irritated in the area tape is applied, try using paper tape or ace wrap.
6. Seven (7) days post-procedure, discontinue bandages. Continue cleaning tattoo and applying ointment twice daily to all areas that have not completely healed. It is important that ointment is applied to these scabs. Do not allow scabs to become dry or hard. Do not pick at scabs. Keeping wounds moist with ointment decreases the chance of scarring. Redness, blisters, scabbing, bleeding and itching can all occur post treatment. If you experience large blisters you may sterilize a safety pin with a match and poke the blister and allow it to drain. Reapply ointment and bandage. Be sure to wait 24 hours prior to draining. Do not drain more than once a day.
7. Avoid baths, pools, hot tubs, and saunas until tattoo has healed completely.
8. Once completely healed, apply cocoa butter lotion to the tattoo three times per day until your next visit. Contact the office at 847-367-8815 if your tattoo is taking longer than 7 days to heal.
9. The use of prescription Hydroquinone 4% cream, applied 2 times daily for two weeks before treatment, has shown to decrease the melanocyte production in turn allowing greater laser energies to be used and permitting the laser to better target the ink particles, therefore improving treatment results.
10. Tanning must be discontinued throughout the process of your treatments. If you are going to be exposed to the sun or a tanning bed, the tattoo must remain covered.

If your tattoo takes longer than 7 days to heal please email us a photo to Info@RitaccaLaserCenter.com. For any other questions or concerns you may call us directly at 847-367-8815.