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Tattoo Removal Program

Rules & Regulations Contract

Name: _____

Date of Birth: _____

Please read and initial below:

_____ I agree to update all my personal information (change of address, phone numbers, and email address) with the Tattoo Removal Program so they are aware of any changes.

You will be terminated from the Tattoo Removal Program for any of these:

_____ **1.** Three consecutive missed appointments without at least 24 hour prior notice.

_____ **2.** Receiving treatment on a tattoo from another provider while currently being treated for the same tattoo

_____ **3. Failure to fill out** paperwork correctly and honestly.

_____ **4.** Not meeting the community service requirement/ falsifying community service hours.

_____ **5.** Unacceptable behavior: stealing and/or theft, vandalism and/or graffiti, rude, disrespectful, and/or obscene language to any staff, physician, volunteer or client

_____ **6.** New Tattoo (s) (applicable to FREE program)

_____ **7.** Attempt to get treatment on a tattoo not previously approved by program staff

I HAVE READ AND AGREE WITH ALL THE RULES AND REGULATIONS LISTED ABOVE. I AM AWARE BY BREAKING ANY ONE OF THESE RULES ON THIS AGREEMENT; I WILL BE PERMANENTLY REMOVED OR SUSPENDED FROM THE TATTOO REMOVAL PROGRAM.

Sign Name _____

Date _____

Staff Signature _____

Date _____