

# **CONSENT AND RELEASE AGREEMENT FOR PERMANENT COSMETIC PROCEDURE**

This agreement contract and all attached sheets are one agreement and all the information, clauses, and covenants in this agreement are incorporated in the attached sheets as though set out in full therein, however, if any clause, disclosure, or covenant in this contract shall differ or be in conflict with any and all attached sheets, this contract and its covenants shall govern.

The undersigned permanent makeup professional, hereinafter known as Releasee, hereby performs the implantation of pigment under the skin hereinafter known as the permanent cosmetic tattoo procedure(s) and the undersigned client, hereinafter known as the Releasor, or you, hereby receives the permanent cosmetic tattoo procedure(s) subject to the terms and conditions herein set out:

The agreement to have a permanent makeup procedure performed is entered into by:

- **Name of Releaser** (client): \_\_\_\_\_
- who resides at (street address) \_\_\_\_\_
- (city) \_\_\_\_\_ (zip) \_\_\_\_\_ (phone)(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (alt. phone)(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
- **Please list your Emergency Contact Below:**
- Name: \_\_\_\_\_
- who resides at (street address) \_\_\_\_\_
- (city) \_\_\_\_\_ (zip) \_\_\_\_\_ (phone)(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (alt. phone)(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Therefore, for these considerations, the Releasee and Releasor agree as follows:

## **AGREEMENT**

### **1. DESCRIPTION OF THE PROCEDURE**

A. This procedure will implant permanent color to the eyebrows, eyeliner, lips, or other desired area using pre-sterilized, 100% disposable SofTap® Hand Tools. These tools are made of plastic with surgical stainless steel needles on the end. They are used to gently tap permanent cosmetic pigment into the skin.

### **2. WHAT TO EXPECT FROM THIS PROCEDURE**

A. There may be minor swelling and or irritation following this procedure. With proper care, healing should take place within 5-10 days, depending on the individual. See below for risks, the possibility of medical complications, and post treatment instructions.

### **3. ACKNOWLEDGEMENT OF THE RISKS OR COMPLICATIONS ASSOCIATED WITH THE PERMANENT COSMETIC TATTOO PROCEDURE.**

A. The Releasor has been informed by the Releasee of the possible dangers that may occur as a result of having a permanent cosmetic tattoo procedure performed. The Releasor acknowledges that those dangers may include eye injury from the permanent cosmetic eyeliner procedure, allergies from pigment used in the procedure(s), fever blisters or cold sores from the permanent lip

procedure, swelling, bruising (although rare), temporary minor bleeding, redness or pinkness, and soreness. **The Releasor understands and acknowledges that the permanent cosmetic tattoo procedure may permanently alter the appearance of the Releasor's face**, which may or may not be desirable to the Releasor.

B. Now, the Releasor having been fully and completely advised of all inherent risks, dangers, and complications which may arise from a permanent cosmetic tattoo procedure, voluntarily assumes all and any risks, dangers, or complications which may arise as a result of a permanent cosmetic tattoo procedure. To help minimize any risks, the Releasor will answer Yes or No the following conditions in order to describe if the Releasor has any of the following medical conditions:

		IF YES, EXPLAIN	
1. Keloid	Yes	No	Location: _____
4. <b>Diabetes</b>	Yes	No	_____
5. Alcoholic	Yes	No	_____
6. <b>Epilepsy</b>	Yes	No	_____
7. Under 18 yrs. Old	Yes	No	If yes, the client must wait until at least 18 years of age to have permanent makeup, with the exception of areola procedures with a doctor's note and parental permission (See AB300 Article 2, 119302 d)
8. Using Accutane	Yes	No	_____
9. Using Retin-A	Yes	No	_____
<b>10. Hemophiliac or other bleeding disorder</b>	Yes	No	_____
11. <b>Pregnant or nursing</b>	Yes	No	If yes, then you are cannot receive permanent makeup at this time.
12. Active Skin Disease	Yes	No	_____
13. Autoimmune Disorders	Yes	No	_____
14. Hepatitis	Yes	No	_____
15. Blood Disease	Yes	No	_____
16. <b>Cold Sores</b>	Yes	No	_____
17. <b>Herpes</b>	Yes	No	_____
18. Cancer	Yes	No	_____
19. Tuberculosis	Yes	No	_____
20. Steroids	Yes	No	_____
21. Chemical Peel	Yes	No	_____
22. Using Glycolic Acid	Yes	No	_____
23. Other Tattoos	Yes	No	_____
24. <b>Heart Condition</b>	Yes	No	_____
25. <b>Allergies to ANY</b>	Yes	No	_____

medications or topical salves such as Bacitracin, Lanolin, Lidocane, Novacaine, Metals, Neosporine, Paba, Rubber Gloves, **Latex**, Lidocaine, Epinephrine, Tetracaine, Benzocaine? Are you allergic to any **Antibiotics**?

Other \_\_\_\_\_

26. **History of Medication Use?** Yes No If yes, please list \_\_\_\_\_

27. **Taking Medication Now?**

**Including prescribed antibiotics prior to dental or surgical procedures?**

Yes No If yes, please list \_\_\_\_\_

28. Any other Diseases Yes No \_\_\_\_\_

29. Taking **Blood Thinners** Yes No \_\_\_\_\_

Such as Aspirin, Coumadin, Alcohol, or Ibuprofen?

30. Do you like to get a tan? Yes No \_\_\_\_\_

31. Are you tanned now? Yes No \_\_\_\_\_

32. Do you use tanning products Yes No \_\_\_\_\_

33. Do you use a tanning bed Yes No \_\_\_\_\_

34. Any surgeries? Yes No \_\_\_\_\_

35. Planning cosmetic surgery? Yes No \_\_\_\_\_

36. Currently under doctors care? Yes No \_\_\_\_\_

37. Trichotillomania Yes No \_\_\_\_\_

(Compulsively pulls our lashes, brows, and other hair which grows out of the body)

38. Brow or lash tinting Yes No When was the last tint performed? \_\_\_\_\_

39. Contact lenses Yes No \_\_\_\_\_

Please remove for eyeliner procedure and resume wear after 1 week or until after permanent eyeliner has healed and sealed itself.

40. Alopecia Yes No Which kind? \_\_\_\_\_

41. Amyloidosis (autoimmune) Yes No If yes, then you are cannot receive permanent makeup.

42. **Optical Herpes** Yes No If yes, then you cannot receive permanent eyeliner.

43. Mitral Valve Prolapse Yes No \_\_\_\_\_

44. **Cardiac Valve Disease** Yes No If yes, then you are cannot receive permanent makeup. \_\_\_\_\_

#### **4. PATCH TEST WAIVER**

The Releasor acknowledges that the manufacturer of the pigment to be applied requires spot testing and specifically disclaims any responsibility for any adverse reaction to applied pigments. The Releasor understands spot testing may identify individuals who develop an immediate allergic reaction to pigment; however, spot testing does not identify individuals who may have a delayed allergic reaction to pigment. **I agree to (initial one):**

\_\_\_\_\_ **Waive patch test** and I agree to release Kim Tzivas, assistants and pigment manufacturer(s) from any and all liability related to allergic reaction or any other reaction to applied pigments.

\_\_\_\_\_ **Take a 6-week patch test** prior to the permanent cosmetic facial tattoo procedure. I agree to release Kim Tzivas, Assistants and pigment manufacturer(s) from any and all liability related to allergic reaction or any other reaction to applied pigments.

- A. The Releasor agrees to accept full responsibility for the COLOR, SHAPE, AND THICKNESS of each and every procedure that the Releasor will have performed by the Releasee which is to include but not limited to the eyeliner, eyebrows, lips, scar camouflage, breast re-pigmentation, and/or beauty mark permanent cosmetic procedure(s).
- B. The Releasor agrees that in the event of a controversy between the Releasor and the Releasee involving a claim in court, the parties shall resolve their dispute through small claims court.
- C. The releasor certifies that

\_\_\_\_\_ he or she has read the following provisions of the California Civil code Section 1542: “A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the doctor.”

- D. The Releasor agrees that in the event that the Releasor prevails in a judgement against the Releasee, the Releasor agrees that the Releasor will not be entitled to a settlement that exceeds the amount paid for the work accomplished by the Releasee.
- E. The Releasor acknowledges receipt of pre-procedure information and post-op care instructions, has read them, has been verbally told them, understands them, and agrees to adhere to them in order to help prevent secondary infection.
- F. The Releasor understands that follow up procedures may be required

##### **5. CONSENT TO PERMANENT COSMETIC PROCEDURE**

The Releasor fully and voluntarily consents to have the release perform the permanent cosmetic procedure(s) and is fully aware and informed of all and any inherent risks, dangers, and complications that may occur as a result of the procedure(s) as described in this agreement. The Releasee has reviewed the medical history of the Releasor and all questions of the Releasor have been satisfactorily answered by the Releasee.

##### **2. RELEASE OF ALL CLAIMS**

- a. In order for the Releasee to perform any permanent cosmetic procedure on the Releasor for which the Releasee is volunteering to have performed after having been fully informed of all dangers and risks involved as described in this agreement including but not limited to swelling, allergy to pigment, pain, infection, redness, soreness, eye injury, and itching.

I \_\_\_\_\_, voluntarily request that the Releasee, Kim Tzivas, performs such procedure(s) and I, for myself, my respective heirs, assigns, administrators, personal representatives, and next of kin, hereby will forever release and hold harmless the Releasee, SofTap Inc and SofTap Management, their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all claims, damages, or liabilities that may result from the permanent cosmetic procedure(s) as described in this agreement

including costs of medical care that may arise from the procedure including post-op care. The Releasor acknowledges that no other claims or guarantees have been made by the Releasee other than is expressly written in the agreement.

In witness whereof both parties, the Releasor and the Releasee enter into this agreement by their signatures below on the date opposite their names

Signature of Releasor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Releasee \_\_\_\_\_ Date \_\_\_\_\_

## **RECITALS**

- a. the Releasor wishes to have the permanent cosmetic procedure(s) performed by the Releasee.
- b. The Releasor has been informed by the Releasee that permanent cosmetics is the same as tattooing. Therefore the facial area will be cosmetically tattooed. Color will be implanted into the skin and as a result the skin color will be permanently altered.
- c. The Releasor has been informed by the Releasee that there is pain involved in the procedure(s).
- d. The Releasor has been informed by the Releasee that there may be adverse side affects such as swelling, bruising (extremely rare), temporary minor bleeding, redness or pinkness, and soreness.
- e. The Releasor has been informed by the Releasee that the permanent cosmetic facial tattoo procedure is a process and there will be some fading of the color. The Releasee has made no guarantees or promises to the Releasor as to how much color will be retained or how the color will fade. Color may have to be reapplied to the desired area before satisfaction of the desired color is obtained. The Releasor has been informed by the Releasee that there will be a minimal charge for each re-application of the color.
- f. The Releasor has been informed by the Releasee that pigment may migrate or spread to an undesired area.
- g. The Releasor has been informed by the Releasee that the lips may feel dry and tight after the lip procedure.
- h. The Releasor has been informed by the Releasee that eye injury may occur from the cosmetic eyeliner tattoo procedure.
- i. In the event of a diagnosed allergic reaction, the Releasor agrees to have a punch biopsy in order to determine certainty regarding the cause.
- j. The Releasor has been informed by the Releasee that a secondary infection can occur, although rare and that post-op procedure care instructions will have to be followed in order to help prevent this from occurring.
- k. The Releasor has been informed by the Releasee that an allergic reaction may occur from the pigment used in the permanent cosmetic facial tattoo procedure.
- l. The Releasor has been informed by the Releasee that pigment may be accidentally misplaced which may result in a permanent disfigurement.
- m. The Releasor has been informed by the Releasee that fever blisters or cold sores may occur after the permanent cosmetic lip procedure, if the Releasor is prone to having them. The Releasor has been informed by the Releasee to obtain an appropriate oral prescription and take as prescribed in order to help minimize an outbreak of fever blisters.

- n. The Releasor has been informed by the Releasee that as a safety precaution not to drive anyway for at least eight (8) hours or at least have someone accompany you after the permanent cosmetic eyeliner procedure.
- o. The Releasor has been informed by the Releasee not to take any aspirin or Ibuprofen before the permanent cosmetic facial tattoo procedure as it may promote bleeding.
- p. The Releasor has been informed by the Releasee that a low-level magnet may be required if the Releasor is ever scanned by an MRI (Magnetic Resonance Imaging) machine because pigments used in the permanent cosmetic procedure(s) contain inert oxides. The Releasor agrees to inform the MRI technician of such. One out of 1000 people may be sensitive to any MRI. Further information is available at [WWW.MRIsafety.com](http://WWW.MRIsafety.com).
- q. The Releasor has been informed by the Releasee not to wear any contact lenses during the permanent cosmetic eyeliner procedure.
- r. The Releasor has been informed by the Releasee to wait one year after a tattoo procedure before donating blood.
- s. The Releasor has been informed by the Releasee to inform medical personnel or professional esthetician of your cosmetic facial tattoo if a chemical peel, MRI, or plastic surgery is to be performed near or over the cosmetic facial tattoo.
- t. The Releasor has been informed by the Releasee to use sunscreen on a daily basis because constant exposure of the cosmetic facial tattoo to the sun may fade the color or even cause irritation to the skin.
- u. The Releasor has been informed by the Releasee that any effective removal method of permanent cosmetic tattoo may result in scarring and/or a permanent disfigurement.
- v. The Releasor has been informed that some pigments contain Titanium Dioxide and that under a laser, it can crystallize and turn black.
- w. The Releasor has been told that in the case of permanent cosmetic tattoo over previously tattooed pigment of an unknown origin, there is a possibility that when needles enter into previously tattooed work, an allergic reaction can be triggered which can result in oozing, redness, itching and may have to be excised or lasered in order to calm down the allergy.

The Releasor has read and having been verbally told of all of the above Recitals by the Releasee, the Releasor, nevertheless, desires to have the permanent cosmetic facial tattoo procedure(s) performed by that Releasee and is willing to enter into this agreement. The Releasor has been given an opportunity to ask questions about the procedures and the procedure to be used and the risks and hazards involved and believes that he/she has sufficient information to give this informed consent.

I have read, been verbally told, and understand each of the above recitals

\_\_\_\_\_  
(customer signature)

\_\_\_\_\_  
(date)

**PHOTOGRAPHER'S MODEL RELEASE**

For a consideration mutually agreed upon, and received by me for posing for photographs hereto, I the undersigned to hereby assign to you the copyright and/or the right to copyright such photography and the right of reproduction thereof, either wholly or in part, an unrestricted use

thereof in whatever manner of you or your license sees or assignees may, in your or their absolute discretion, think fit for all or any advertising, medical teachings, or other purposes whatsoever including the right of necessary retouching and tinting or workup for reproduction purposes.

\_\_\_\_\_  
(customer signature)

\_\_\_\_\_  
(date)

**PARENT OR LEGAL GUARDIAN**

If you are the parent or legal guardian of the above named Releasor, then please complete the following:

I \_\_\_\_\_ represent that I am the parent or legal guardian of the above named Releasor, have read the full agreement including the above Recitals and give my full permission to execute this agreement on the Releasor's (minor's) behalf.

\_\_\_\_\_  
(signature of parent or guardian)

\_\_\_\_\_  
(date)






Technician Name: \_\_\_\_\_





Technician Contact Info: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**ACTUAL COLOR** (swab some actual color in the circle. List anesthetic and exp date if used)

	<b>Color(s), Anesthetic, or formula</b>	<b>Lot No. and Exp Date</b>	<b>Needles Used</b>	<b>Lot No. and Exp Date</b>
Brows	 _____	_____	_____	_____
Upper Eyeliner	 _____	_____	_____	_____
Lower Eyeliner	 _____	_____	_____	_____
Full Lip color	 _____	_____	_____	_____
Lip Liner	 _____	_____	_____	_____

<b>Scar Camouflage</b>	<b>Color(s) or formula</b>	<b>Lot No. and Exp Date</b>	<b>Needles Used</b>	<b>Lot No. and Exp Date</b>
Location	 _____	_____	_____	_____
	 _____	_____	_____	_____
	 _____	_____	_____	_____
	 _____	_____	_____	_____

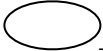




Comments:







**CLIENT INITIAL & RETOUCH DATES**

Color the box with the color used

Client's initials below indicate that there are no changes in medical history and that the initial renews the above agreement.

<b>Color(s), Anesthetic, or formula</b>	<b>Lot No. and Exp Date</b>	<b>Needles Used</b>	<b>Lot No. and Exp Date</b>	<b>Client Initial</b>
Brows 	_____	_____	_____	_____
Upper Eyeliner 	_____	_____	_____	_____
Lower Eyeliner 	_____	_____	_____	_____
Full Lip color  	_____	_____	_____	_____
Lip Liner _____	_____	_____	_____	_____

<b>Scar Camouflage</b>	<b>Color(s) or formula</b>	<b>Lot No. and Exp Date</b>	<b>Needles Used</b>	<b>Lot No. and Exp Date</b>	<b>Client Initial</b>
Location 	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Comments:

## PRE AND POST TREATMENT INSTRUCTIONS

### Pre-Treatment Instructions for all procedures:

1. Do not take any aspirin within 5-7 days before the procedure as it promotes bleeding
2. Tylenol or other non-aspirin pain relievers may be taken 1 hour prior to procedure.
3. Since delicate skin or sensitive areas may swell slightly, or redden, it is advised not to make social plans for the same day. Lip liner may appear “crusty” for up to one week.
4. If unwanted hair is normally removed in the area to be treated, i.e.; tweezing or waxing, the hair removal should be done at least 24 hours prior to your procedure. Electrolysis should not be done within five days of the procedure. Do not resume any method of hair removal for a week after the procedure.
5. If eyelashes or eyebrows are normally dyed, do not have that procedure done within 48 hours of this procedure. Wait one week after the eyebrow or eyeliner procedure before dyeing lashes or brows.
6. If you wear contact lenses and are having the eyeliner done, do not wear your lenses to your appointment and do not replace them until the day after the procedure.
7. If you are having the eyeliner procedure done, as a safety precaution, in case of watering or swelling, we recommend that you have someone available, or accompany you, who could drive you home if you so decide, or if it is necessary.
8. If you are having lip liner done and have had previous problems with cold sores, fever blisters, or mouth ulcers, the procedure is likely to re-activate the problem. Your Intradermal Cosmetic Technician can make recommendations to help prevent or minimize the outbreak.
9. We recommend allergy testing of pigment before the planned procedure.

### Post Treatment Instructions for all procedures:

1. Apply antibiotic ointment RecoverAll sparingly twice a day for seven days following the procedure, using a clean cotton swab; not your fingertips. If you experience sensitivity to RecoverAll or allergic reaction, stop use immediately and switch to Vaseline. Seek medical care if necessary.
2. We recommend that ice packs be applied for 10-15 minutes each hour for the first 24 hours following the procedure, except at bedtime. It is important to place clean tissue paper between the ice bag and the skin to prevent frostbite. The ice is used to minimize swelling and provide comfort. After the first 24 hours the use of ice is no longer beneficial. Do not take aspirin, as this promotes bleeding at the micro pigmentation sites. Tylenol™ is recommended for temporary pain relief.
3. Most normal activities can be resumed immediately. We would recommend that heavy exercise such as aerobic dancing, weight lifting, etc. be delayed for approximately 2-3 days following the procedure.
4. Avoid all washing and contact with water (including recreational water sports and pools) for 24 hours following the procedure. After 24 hours you may gently clean the procedure area with a mild soap and water as needed. Baths, showers, swimming, and other recreational water activities are then permitted as long as the face does not become wet. After two weeks or after the pigment scabs over (whichever comes first), you may resume all normal methods of swimming and bathing.
5. Stay out of the sun! If you must be out and about, wear a hat and lots of sunscreen.
6. Avoid wearing makeup until the procedure heals (5-7 days). When the procedure area has smoothed over and feels like the rest of your skin, purchase new makeup supplies and use those, not your old ones as they can cross contaminate the procedure with bacteria.
7. If you are a blood donor you cannot give blood for 1 year following the procedure (American Red Cross)
8. Avoid gardening and contact with animals for two weeks following the procedure to prevent infection.
9. Your procedure will begin to oxidize (begin to turn darker and darker) immediately and during the next 3-4 days. Do not be alarmed. It may then flake off, and then the color will revert back to the color that was first implanted the 1<sup>ST</sup> five minutes into the skin.
10. Symptoms of infection may or may not occur. They include: “redness, swelling, tenderness of procedure site, red streaks going from procedure site towards the heart, elevated body temperature, or purulent drainage from procedure site.” (stated as required from AB300 Article 2, 119303 C)
11. If you experience symptoms of infection (listed above) or allergic reaction, seek medical care immediately
12. Fading or loss of pigment may occur. Some flaking off of the pigment may occur on some skin types. Do not be alarmed. It is normal. There should be pigment under the skin where the pigment has flaked off. If there is no pigment there, then a touch up will be required.
13. Judgment of your final results should be deferred until one month following the procedure. The intensity of the eyeliner is most prominent following the procedure itself. Over the next two to three weeks, the pigment intensity will lighten by up to 50%. If after one month you feel that certain modifications in the pigment need

to be made, we will be happy to discuss this with you. If you have any further questions or concerns please contact our office.

## **SPECIAL INSTRUCTIONS:**

### **Eyeliner:**

1. We recommend that eye drops be used every one to two hours after the procedure for the first day. If needed, a steroid eye drop may be prescribed as well. At bedtime, RecoverAll (given to you after the procedure) should be applied to new cotton swabs and gently dabbed along the eyelashes of the upper and lower lids. The ointment is used to prevent infection and minimize crusting. Do not get any ointment into your eyes—if this happens rinse eyes with water.
2. You should expect a certain amount of mattering around the eyelashes in the morning, swelling of the eyelids, and/or bruising around the eyelids margins. Some pigment and blood-tinged tears may be expected to flake off from the lid margin during the first post procedural day and may be dabbed with a clean tissue.
3. Under no circumstance should you pick, scratch, or rub the eyelid margins or make any attempt to remove the crusty material along the eyelashes. Removal of the crusts may result in removal of the actual pigment.
4. It is permissible to clean around the eyelids following the blepharo pigmentation (eyeliner procedure) with clean cotton balls soaked in warm water, but under no circumstance should water come in contact with the eyelashes. Baths, showers, and swimming are permitted as long as the face does not become wet. After two weeks or after the pigment scabs over (whichever comes first), the patient may resume all regular activities involving swimming and bathing.
5. If marked bruising me present, concealer or foundation may be use. Eye shadow may be used on the second day; however under no circumstance should the eye shadow powder come in contact with the eyelashes. Mascara and eyeliner are not permitted for the first two weeks or until the pigment scabs over. After this time, all regular makeup can be resumed with out fear.
6. Do not wear contact lenses during the procedure. Contact lenses may be resumed usually in two to three days; however, final clearance should be given by an eye doctor.
7. For the first 24 to 48 hours, it is not unusual to experience some light sensitivity, and the use of dark sunglasses is permitted and recommended. We recommend wearing sunglasses for the first week following micro pigmentation; sunbathing of the face is permitted only with the use of protective sunglasses.
8. Always cover your procedure with sun block in order to prevent fading of your procedure.

### **LIPS:**

1. As with all other procedures, stay out of the sun!
2. Keep your lips moisturized with the RecoverAll ointment provided. This will minimize pain and help you retain color.
3. Be gentle with your lips for the next few days, they will be prone to dryness and swelling (due to some natural formation of collagen after the procedure), and may crack easily. We suggest that extra care be taken while eating, drinking, kissing, etcetera during the healing process to prevent any damage to your lips.
4. If you have ever broken out with a cold sore at anytime of your life, that means you carry a herpes virus (Herpes Simplex Type 1)which can sometimes manifest itself in the form of a fever blister. Fever blisters may occur on the lips following lip procedures in individuals prone to the problem. In order to prevent this, you

should obtain a prescription and take as prescribed by your doctor. L-Lysine, an over the counter amino acid has also been taken in order to help avoid this outbreak, but always check with your physician.

### **SCAR CAMOUFLAGE:**

1. It is important to understand that once an exact match is made for scar camouflage, a suntan or sunburn in that area will once again cause a difference to appear between the camouflaged area and the skin surrounding it. The camouflaged area will not tan along with the rest of the skin. It will remain the color that it was camouflaged. The tanned area around it will be darker. In order to avoid this, the camouflaged area as well as the skin surrounding it should be covered with sunscreen or sun block every day because even the daily exposure to the sun may cause slight changes.

I understand that at the first sign of an infection, adverse reaction or allergic reaction to the procedure, I must notify Alexis Lawson, a health care practitioner, and the Alameda County Environmental Health Department. Also, please contact Kim Tzivas.

**Failure to follow post-treatment instructions may cause loss of pigment, discoloration or infection.** Remember, colors appear brighter and more sharply defined immediately following the procedure. As the healing progresses, color will soften. A touch-up procedure may or may not be necessary. Final results cannot be determined until healing is complete. Touch-up procedures must be made between 30-60 days following the procedure. Additional fees will apply for touch-ups after 60 days following the procedure. If necessary, an appointment for a touch-up can be made.

**IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CALL.**

Enjoy your permanent cosmetics!

Kim Tzivas  
KTSculpt