

# SKIN REPIGMENTATION CONSENT FORM

The process used to pigment the skin is not a one-step process. Soft tints of color (pigment) are tattooed into the skin one layer at a time over multiple visits, with a minimum one-month period between each visit. These pigments must "shine up through" scars, thin skin, grafts and other irregularities. For this reason, repigmentation and color re-creation often require multiple visits of up to a year in order to simulate natural skin tones. While these injected tones may from time-to-time simulate the exact color and tone desired, it will not always be a perfect match. This is because while natural skin tones vary when the skin is cold or warm, tan or un-tanned, or whether your circulation is good or poor, injected pigments are permanent and do not change color. This is due to the fact that the pigment is placed under the skin and is not affected by the ever-changing tones of the epidermis. This is what sets "Permanent Color" apart from regular topical cosmetics, which are placed on top of the skin and literally cover the epidermis.

Since this is a tattooing process, it carries with it possible complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, inconsistent color, spreading, fanning, fading or an allergic reaction to the pigment.

If you desire this procedure, it is imperative that you do not expose your repigmented skin unprotected to direct sunlight, use tanning booths, or any products which increase melanin production in the skin. This is particularly critical during the first eight weeks following treatment.

We recommend the use of sunscreens with a minimum 25 SPF on your completed exposed area of repigmentation in order to maintain the integrity of the pigments.

If you are contemplating cosmetic surgery, laser treatments, injectables, implant surgery or other potential body altering procedures, please be advised that such procedures may adversely affect or alter your permanent color. It is your responsibility to check with your physician or other treating technician when contemplating these procedures. Some of these potential adverse changes may not be correctable, such as pigment changes and darkening, scarring or hyper/hypo-pigmentation.

\_\_\_\_\_ is not responsible for changes which may occur to your tattooing as a result of any such treatments.

## PROCEDURES DESIRED:

_____ Areola Restoration	_____ Scar Revision/Camouflage
_____ Bald Spot Repigmentation	_____ Cheek Blush
_____ Vitiligo or other Color Loss Repigmentation	_____ Skin Graft Matching
_____ Other, explain: _____	

Number of visits recommended \_\_\_\_\_ Cost per Visit \$ \_\_\_\_\_

Special Instructions: \_\_\_\_\_

I AM OVER THE AGE OF 18, AM NOT UNDER THE INFLUENCE OF DRUGS OR ALCOHOL, HAVE READ THE ABOVE CONSENT FORM, AGREE TO AND UNDERSTAND THE ITEMS OUTLINED ABOVE, AND HAVE RECEIVED A COPY OF THIS FORM.

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Technician: \_\_\_\_\_ Date: \_\_\_\_\_