

BERNSTEIN MEDICAL

110 East 55th Street, New York, NY 10022 212-826-6200

Scalp Micro-Pigmentation (SMP) Treatment for Hair Loss

Scalp Micro-Pigmentation (SMP) is a medical-grade tattoo of the scalp used to create the appearance of hair fullness in areas of thinning. Consultation with the doctor is required to determine the pattern, desired effect, and goals of treatment. Also the doctor will need to evaluate you for any conditions such as psoriasis, eczema or active infections that may interfere with the procedure.

Method

Sessions are generally performed at least 2 weeks apart to allow time for skin exfoliation and settling of the ink. The ink-dots initially appear sharp but will soften in appearance over several weeks. You will often need 3 treatment sessions to get the desired result. On the day of the procedure, local anesthesia and sedatives will be given to relax you. The machine used to perform SMP is called the Dermatograph. It is attached to tiny needles that cycle at a rate of 100-140 cycles per second. The cycling speed is set by your surgeon.

Treatment Schedule

Most patients require 2-4 sessions. Generally, we advise waiting about 2 weeks between sessions to allow the top layers of skin to shed so that we can accurately darken and fill-in residual areas appropriately to achieve the desired effect. SMP will generally last 3-6 years. Over this time period it will gradually lighten, but should not discolor. Most patients will require touchups every 3-6 years.

Indications

- Age \geq 21 years
- Not candidates for hair transplantation, but still want the appearance of having more hair.
- Patients who dislike the daily routines of using topical concealers or powders and want a more permanent solution to give the appearance of a fuller look.
- Particularly good for covering up scars and creating fullness along a widening part, especially in people with dark hair contrasting against a light scalp.

Relative Contraindications

- Acute and chronic infections
- Certain skin diseases (i.e. SLE, porphyria, eczema, psoriasis)
- Allergies to anesthetics (lidocaine, xylocaine)
- Cancer
- Chemotherapy
- Blood or bleeding disorders
- Anti-coagulation therapy

- Chronic liver disease
- Systemic use of corticosteroids within two weeks of the procedure
- Pregnancy or breast feeding

Risks and Complications

- Pain or itching at the injection site
- Bleeding, bruising, swelling and/or infection
- Temporary pinkness/redness (flushing) of the skin
- Allergic reactions to the dye
- Nausea/vomiting
- Peri-operative dizziness or fainting
- Injury to a nerve from the injection
- Hypertrophic scarring and keloids

Photographs

I authorize the taking of clinical photographs for historical, training, and/or promotional purposes. I understand confidentiality will be maintained.

Use of Anesthetics

Local anesthetics (xylocaine with epinephrine) may be used for your procedure if you are not allergic. Please initial if you have a problem with local anesthetics:

- I am allergic
- I am not allergic

Consent

My consent and authorization for this elective procedure is strictly voluntary. By signing this informed consent form, I hereby grant authority to the physician/practitioner to perform Scalp Micro-Pigmentation (SMP) injections to the area(s) discussed during our consultation. I have read this informed consent and certify I understand its contents in full.

All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I agree to adhere to all safety precautions and instructions after the treatment. I understand that medicine is not an exact science and acknowledge that no guarantee has been given or implied by anyone as to the results that may be obtained by this treatment.

I understand this procedure is “elective” and not covered by insurance and that payment is my responsibility. Any expenses which may be incurred for medical care I elect to receive outside of this office, such as, but not limited to dissatisfaction of my treatment outcome will be my sole financial responsibility. Payment in full for all treatments is required at the time of service and is non-refundable.

I hereby give my voluntary consent to this SMP procedure and release Bernstein Medical – Center for Hair Restoration and its staff from liability associated with the procedure. I certify that I am a competent adult of at least 21 years of age.

I understand that if I have questions or concerns regarding my treatment, I will notify this office at 212-826-2400 so that timely follow-up and intervention can be provided.

Patient's Last Name (print)

First

Patient Signature

Date

Physician Signature

Date

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