PRE TREATMENT CHECKLIST
3D SKIN REJUVENATION TREATMENT

The following checklist is essential to ensure your safety if you are going on to have a treatment at Rejuven8 Cosmetix. Please review the checklist to ensure you have followed all the points enclosed before having your treatment. This pre-treatment checklist will be available in the form of a questionnaire to be filled out and signed prior to your treatment.

THIS TREATMENT:
MUST NOT BE DONE IF YOU ARE UNDER 18YRS AGE UNLESS YOU HAVE A PARENT OR GUARDIAN WITH YOU ON THE DAY OF THE TREATMENT
MUST NOT BE DONE OVER SCARS LESS THAN 3 MONTHS OLD FROM INJURIES OR SURGERY - YOU MUST INFORM YOUR COSMETIC PRACTITIONER IF THERE ARE ANY SCARS FROM INJURIES OR SURGERIES IN THE AREA TO BE TREATED
MUST NOT BE DONE IF YOU ARE PREGNANT
MUST NOT BE DONE OVER A COSMETIC TATTOO
MUST NOT BE DONE OVER A PACEMAKER OR METALLIC IMPLANT
MUST NOT BE DONE OVER A PERMANENT SURGICAL IMPLANT OR FACIAL THREADS
CAN BE DONE IF YOU ARE BREAST FEEDING BUT PLEASE NOTE THAT THE TREATMENT, IF FOR PIGMENTATION, MAY NOT BE AS EFFECTIVE
CAN BE DONE IF YOU ARE CURRENTLY TAKING ORAL CONTRACEPTIVE PILL OR ANY OTHER MEDICAL OR NATURAL HORMONAL SUPPLEMENTS BUT PLEASE NOTE THAT THE TREATMENT, IF FOR PIGMENTATION, MAY NOT BE AS EFFECTIVE

SHOULD NOT BE DONE IF YOU SUFFER WITH THE FOLLOWING MEDICAL CONDITIONS:
SKIN CANCERS IN THE AREA TO BE TREATED OR RESURRENT SUN SPOTS
VITILIGO – WHITE PATCHES ON THE SKIN
ABNORMAL SKIN HEALING WITH KEOID OR HYPERTROPHIC SCARS – RAISED RED ITCHY SCARS AFTER INJURIES OR SURGERY
EPILEPSY
PORPHRISIA – ACUTE REACTION TO SUNLIGHT
COLD SORES IN THE AREA TO BE TREATED – UNLESS YOU ARE TAKING AN ORAL ANTI-VIRAL PREVENTATIVE MEDICATION
(Available on request at Rejuven8 Cosmetix)
TYPE 2 DIABETES OR ANY POORLY CONTROLLED DIABETES

YOU MUST NOT HAVE TAKEN ROACCUTANE IN THE LAST 6 MONTHS
YOU MUST NOT HAVE TAKEN GOLD THERAPY FOR ARTHRITIS IN THE LAST 6 MONTHS

IN THE LAST 6 MONTHS YOU SHOULD NOT HAVE HAD ANY OF THE FOLLOWING COSMETIC TREATMENTS DONE IN THE SAME AREA YOU ARE ABOUT TO HAVE TREATED?
FULL ABLATIVE LASER RESURFACING e.g. CO2 laser
FRACTIONAL ABLATIVE LASER RESURFACING e.g. Pearl, Pearl Fractional
MEDICAL STRENGTH CHEMICAL PEELS PERFORMED BY NURSE/DOCTOR e.g. TCA, Obagi
LIQUID NITROGEN / CRYOTHERAPY SPRAY TO SUN SPOTS
LASER TATTOO REMOVAL
PDT (PHOTODYNAMIC THERAPY) for recurrent abnormal skin lesions such as sun spots

IN THE LAST 3 MONTHS YOU SHOULD NOT HAVE HAD ANY OF THE FOLLOWING COSMETIC TREATMENTS DONE IN THE SAME AREA YOU ARE ABOUT TO HAVE TREATED?
FRACTIONAL NON ABLATIVE LASER RESURFACING e.g. Fraxel
LASER PIGMENTATION TREATMENT e.g. copper bromide
IN THE LAST 4 WEEKS YOU SHOULD NOT HAVE HAD ANY OF THE FOLLOWING COSMETIC TREATMENTS DONE IN THE SAME AREA YOU ARE ABOUT TO HAVE TREATED?

- TEMPORARY DERMAL FILLER e.g. Restylane, Juvederm
- TEMPORARY SKIN HYDRATING INJECTIONS e.g. Vital, Mesolis
- TEMPORARY CONTOUR FILLER INJECTIONS e.g. Voluma, Sub Q, Modelis
- SEMI-PERMANENT FILLER e.g. Radiesse, Ellanse
- PERMANENT FILLER INJECTIONS e.g. Aquamid
- COLLAGEN STIMULATING INJECTIONS e.g. Sculptra
- PLATELET RICH PLASMA INJECTIONS
- SKIN NEEDLING OR DERMAPEN
- IPL (INTENSE PULSED LIGHT) SKIN REJUVENATION
- CRYSTAL LIMELIGHT REJUVENATION
- LASER HAIR REDUCTION
- IPL (INTENSE PULSED LIGHT) HAIR REDUCTION
- LASER VEIN TREATMENT
- RESPECT YOUR SKIN TREATMENT

IN THE LAST 4 WEEKS IF YOU HAVE TAKEN ANY OF THE FOLLOWING MEDICATIONS OR SUPPLEMENTS YOU SHOULD NOTIFY YOUR COSMETIC PRACTITIONER:

- ORAL STEROIDS OR PREDNISONE
- PROLONGED COURSE OF TETRACYCLINE ANTIBIOTIC e.g. Minomycin, Doryx, Akamin
- PROLONGED COURSE OF SULPHONAMIDE ANTIBIOTIC e.g. Bactrim, Septrim
- HEART MEDICATION CALLED AMIODARONE e.g. Cordarone, Nextrone
- HEART MEDICATION CALLED DILTIAZEM e.g. Cardizem
- DIURETIC MEDICATION OR ‘FLUID PILL’ e.g. Thiazides, Lasix, Irbesartan, Moduretic
- BLOOD PRESSURE MEDICATION e.g. Acetec, Enalapril, Capoten
- ANTIDEPRESSANT OR ANTIANXIETY MEDICATIONS e.g. Phenothiazines, Tricyclics, Endep, Elavil
- ORAL CONTRACEPTIVE PILL
- HORMONE REPLACEMENT THERAPY e.g. Oestrogens, Progesterones
- THYROID MEDICATIONS e.g. Thyroxine
- TESTOSTERONE MEDICATIONS
- ANTI ARTHRITIS MEDICATION e.g. Voltaren, Indocid, Feldene
- ANTI EPILEPTIC MEDICATIONS e.g. Chlorpromazine, Phenytoin, Tegretol, Dilantin
- ANTI DIABETIC MEDICATION e.g. Sulphonylureas, Diamox, Glipizide
- ANTI FUNGAL MEDICATIONS e.g. Griseofulvin, Lamisil
- CHOLESTEROL MEDICATIONS e.g. Statins, Lipitor, Zocor
- ST JOHNS WORT SUPPLEMENT

IN THE LAST 4 WEEKS YOU MUST NOT HAVE APPLIED ANTI SKIN CANCER CREAMS PRESCRIBED BY A DOCTOR TO THE SKIN AREA TO BE TREATED e.g. Aldara, Efudix, Solase

IN THE LAST 2 WEEKS IF YOU HAVE TAKEN ANY OF THE FOLLOWING MEDICATIONS OR SUPPLEMENTS YOU SHOULD NOTIFY YOUR COSMETIC PRACTITIONER:

- NUROFEN, IBUPROFEN OR OTHER NON STEROIDAL ANTI-InFLAMMATORY MEDICATION
- ANTI-HISTAMINES e.g. Demazin, Phenergan, Hismanal, Polaramine, Periactin
- ANTI FUNGAL MEDICATIONS e.g. Griseofulvin, Lamisil
- CIPROFLOXACILLIN ANTIBIOTIC e.g. Ciproxin, Cipro, Proquin, Ciprofloxacin
- TETRACYCLINE ANTIBIOTIC e.g. Minomycin, Doryx, Akamin
- SULPHONAMIDE ANTIBIOTIC e.g. Bactrim, Septrim

IN THE LAST 2 WEEKS YOU MUST NOT HAVE APPLIED ANY OF THE FOLLOWING MEDICATIONS TO THE SKIN AREA TO BE TREATED
**VITAMIN A CREAM/GEL PRESCRIBED BY A DOCTOR** e.g. Retin A, Stieva A, Zorac Retinol, Differin, Epiduo,

**ANTIBIOTIC CREAM/GEL PRESCRIBED BY A DOCTOR** e.g. Eryacne gel, Duac

**STEROID CREAM PRESCRIBED BY A DOCTOR** e.g. Diprosone, Elocon

**IN THE LAST 2 WEEKS YOU MUST NOT HAVE HAD A SPRAY TAN OR APPLIED FAKE TANNING CREAMS TO THE AREA YOU ARE ABOUT TO HAVE TREATED**

**IN THE LAST 7 DAYS YOU MUST NOT HAVE EXPOSED YOU SKIN TO EXCESS UNPROTECTED SUNLIGHT**

**IN THE LAST 7 DAYS YOU SHOULD NOT HAVE APPLIED THE FOLLOWING TO THE SKIN IN THE SAME AREA YOU ARE ABOUT TO HAVE TREATED**

- VITAMIN A PREPARATIONS FORM BEAUTY/DERMAL THERAPIST OR OVER THE COUNTER
- ANTI – PIGMENTATION PREPARATIONS
- BENZOYL PEROXIDE PREPARATIONS e.g. Proactive
- HOME PEELING CREAMS

**IN THE LAST 24 HOURS YOU MUST NOT HAVE HAD ANY OF THE FOLLOWING TREATMENTS DONE IN THE SAME AREA YOU ARE ABOUT TO HAVE TREATED**

- BOTULINUM TOXIN INJECTIONS

**IN THE LAST 24 HOURS YOU SHOULD NOT HAVE APPLIED THE FOLLOWING TO THE SKIN IN THE SAME AREA YOU ARE ABOUT TO HAVE TREATED**

- HOME ROLLER OR HOME NEEDLING DEVICE e.g. skin inject

**IF YOU ARE HAVING A 3D SKIN REJUVENATION TREATMENT DONE IN A HAIRY AREA YOU MUST CLOSE SHAVE THE AREA ON THE DAY OF THE TREATMENT** (REMEMBER THAT LASER WILL LEAD TO SECONDARY HAIR REDUCTION IN THE AREA TREATED)

**PLEASE REMEMBER THAT AN AFTERCARE KIT WITH DETAILED INSTRUCTIONS IS AVAILABLE FOR PURCHASE WITH THIS TREATMENT TO ENSURE RAPID, EFFECTIVE HEALING REDUCING THE DOWNTIME EXPERIENCED AND ENHANCING THE EFFECTS OF THE TREATMENT**

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