

PRE TREATMENT CHECKLIST

DERMAPEN DERMAL RESURFACING

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 IF YOU ARE PREGNANT

SHOULD NOT BE DONE IF YOU SUFFER WITH THE FOLLOWING MEDICAL CONDITIONS:

RECURRENT SEVERE ALLERGIC REACTIONS TO ANY MEDICATIONS OR PRODUCTS

CURRENT ACTIVE SKIN INFECTION AT SITE OF TREATMENT

ALLERGIC REACTION TO LOCAL ANAESTHETICS

ABNORMAL SKIN HEALING OR SCARRING e.g. Keloid or Hypertrophic scarring

COLD SORES IN THE AREA TO BE TREATED – UNLESS YOU ARE TAKING AN ORAL ANTI-VIRAL PREVENTATIVE MEDICATION (Available on request at Rejuven8 Cosmetix)

ABNORMAL BLEEDING OR LOW PLATELET COUNT e.g. thrombocytopenia, Hemophilia

CONNECTIVE TISSUE DISEASE

AUTOIMMUNE DISEASE

SJOGRENS SYNDROME

SYSTEMIC LUPUS ERYTHEMATOSIS (SLE)

SCLERODERMA

RHEUMATOID ARTHRITIS

POLYMYOSITIS/DERMATOMYOSITIS

UNSTABLE DIABETES OR DIABETES TYPE 2

RECURRENT SKIN CANCERS OR SUN SPOTS IN THE AREA TO BE TREATED

PSORIASIS OR ECZEMA IN THE AREA TO BE TREATED

ROSACEA IN THE AREA TO BE TREATED

YOU MUST NOT HAVE TAKEN ROACCUTANE IN THE LAST 6 MONTHS

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?

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 / CRYOTHERAOPY SPRAY TO SUN SPOTS

LASER TATTOO REMOVAL

PDT (PHOTODYNAMIC THERAPY) for recurrent abnormal skin lesions such as sun spots

STITCH FREE MOLE REMOVAL (if only limited number of removal sites, needling can be done by avoiding these areas)

IN THE LAST 2 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 3 WEEKS YOU SHOULD NOT HAVE HAD ANY OF THE FOLLOWING COSMETIC TREATMENTS DONE IN THE SAME AREA YOU ARE ABOUT TO HAVE TREATED

SKIN NEEDLING OR DERMAPEN

TEMPORARY DERMAL FILLER e.g. Restylane, Juvederm

SEMI-PERMANENT FILLER e.g. Radiesse, Ellanse

PERMANENT FILLER INJECTIONS e.g. Aquamid

COLLAGEN STIMULATING INJECTIONS e.g. Sculptra

IPL (INTENSE PULSED LIGHT) SKIN REJUVENATION

LASER HAIR REDUCTION

IPL (INTENSE PULSED LIGHT) HAIR REDUCTION

LASER VEIN TREATMENT

PHOTOABRASION TREATMENT

RESPECT YOUR SKIN TREATMENT

IN THE LAST 7 DAYS YOU SHOULD NOT HAVE TAKEN ANY OF THE FOLLOWING MEDICATIONS OR SUPPLEMENTS:

CORTISONE OR PREDNISONE

NUROFEN, IBUPROFEN OTHER NON STEROIDAL ANTI-INFLAMMATORY MEDICATION

ANTI-ARTHRITIS MEDICATION e.g. Voltaren, Feldene

WARFARIN

ASPIRIN OR OTHER BLOOD THINNING MEDICATION

FISH OR KRILL OILS, GLUCOSAMINE, VITAMINS E, B, D, MULTIVITAMINS, GINGKO, GARLIC, EVENING PRIMROSE OIL, OMEGA 3

IN THE LAST 48 HOURS IF YOU HAVE DRUNK ANY ALCOHOL TREATMENT MAY RESULT IN SEVERE BRUISING

FOR 2 WEEKS AFTER YOUR TREATMENT, YOU SHOULD NOT DO ANY OF THE FOLLOWING TO THE AREA/S TREATED

EXPOSE THE SKIN TO EXCESS SUNLIGHT OR SOLARIUMS (must apply daily sunblock for 2 months)

EXPOSE THE SKIN TO SAUNAS OR HOT WATER

WAX OR TINT ON OR NEAR THE AREA/S TREATED

HAVE FACIALS OR FACIAL/NECK MASSAGES OTHER THAN THOSE RECOMMENDED BY YOUR THERAPIST

HAVE ANY OTHER COSMETIC TREATMENT ON OR NEAR THE AREA TREATED

FOR 7 DAYS AFTER YOUR TREATMENT YOU SHOULD NOT

TAKE ANY ASPIRIN, NUROFEN OR ANTI-ARTHRITIS MEDICATIONS

TAKE ANY CORTISONE OR PREDNISONE

TAKE ANY FISH OR KRILL OILS, GLUCOSAMINE, VITAMINS E, B, D, MULTIVITAMINS, GINGKO, GARLIC, EVENING PRIMROSE OIL OR OMEGA 3

APPLY AHA/BHA OR OTHER ACIDIC SKIN CARE e.g. Vitamin C, Salicylic Acid, Glycolic Acid, Lactic Acid

APPLY OVER THE COUNTER OR PRESCRIPTION VITAMIN A CREAMS/GELS e.g. Zorac, Retin A, Retinol

FOR 24 HOURS AFTER YOUR TREATMENT YOU SHOULD NOT

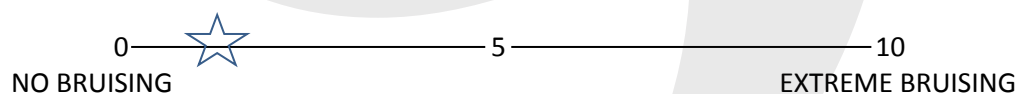
DRINK ALCOHOL

EXERCISE e.g. Gym, running, pilates, yoga

YOU MAY BE OFFERED PAIN RELIEF (PANADEINE, PANADEINE FORTE OR PARACETAMOL) AND A RELAXANT (VALIUM) MEDICATION PRIOR TO THE TREATMENT – PLEASE NOTIFY YOUR PRACTITIONER IF YOU ARE ALLERGIC OR CAN'T TAKE THESE MEDICATIONS FOR ANY OTHER REASON

PLEASE REMEMBER THAT AN AFTERCARE KIT WITH DETAILED INSTRUCTIONS MUST BE PURCHASED WITH THIS TREATMENT TO ENSURE RAPID, EFFECTIVE HEALING REDUCING THE DOWNTIME EXPERIENCED AND ENHANCING THE EFFECTS OF THE TREATMENT

RISK OF BRUISING



DOWNTIME

