

**PRE TREATMENT CHECKLIST**

**HYDRATING SKIN BOOSTERS – e.g. Vital, Belotero**

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 AND/OR BREAST FEEDING**

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

RECURRENT SEVERE ALLERGIC REACTIONS TO MEDICATIONS, PRODUCTS OR TOPICAL AGENTS

CURRENT ACTIVE SKIN INFECTION AT SITE OF TREATMENT

PREVIOUS HISTORY OF ALLERGIC REACTION TO DERMAL FILLER OR CONTOUR FILLERS

ALLERGIC REACTION TO LOCAL ANAESTHETICS

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

**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?**

SEMI-PERMANENT FILLER e.g. Radiesse, Ellanse

PERMANENT FILLER INJECTIONS e.g. Aquamid

COLLAGEN STIMULATING INJECTIONS e.g. Sculptra

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

PLATELET RICH PLASMA INJECTIONS

MEDICAL STRENGTH CHEMICAL PEELS PERFORMED BY NURSE OR DOCTOR e.g. TCA

**IN THE LAST 7 DAYS IF YOU HAVE TAKEN ANY OF THE FOLLOWING MEDICATIONS OR SUPPLEMENTS THE TREATMENT MAY RESULT IN SEVERE BRUISING?**

NUROFEN, IBUPROFEN OTHER NON STEROIDAL ANTI –INFLAMMATORY MEDICATION

ANTI-ARTHRITIS MEDICATION e.g. Voltaren, Feldene, Mobic, Indocid

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 THE TREATMENT MAY RESULT IN SEVERE BRUISING**

**FOR 7 DAYS AFTER YOUR TREATMENT, YOU MUST NOT DO ANY OF THE FOLLOWING TO THE AREA/S TREATED**

EXPOSE THE SKIN TO EXCESS SUNLIGHT OR SOLARIUMS

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 CHEMICAL PEELS

HAVE ANY OTHER COSMETIC TREATMENT ON OR NEAR THE AREA TREATED

**FOR 7 DAYS AFTER YOUR TREATMENT YOU MUST NOT**

TAKE ANY ASPIRIN, NUROFEN OR ANTI-ARTHRITIS MEDICATIONS

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

**FOR 24 HOURS AFTER YOUR TREATMENT, YOU MUST NOT DO ANY OF THE FOLLOWING TO THE AREA/S TREATED**

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 MUST NOT**

DRINK ALCOHOL

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

**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**

RISK OF BRUISING



DOWNTIME

