

PRE TREATMENT CHECKLIST

**LASER GENESIS SKIN REJUVENATION**

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 KELOID OR HYPERTROPHIC SCARS – RAISED RED ITCHY SCARS AFTER INJURIES OR SURGERY

EPILEPSY

PORPHRIA – 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 / CRYOTHERAOPY 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  
LASER HAIR REDUCTION  
IPL (INTENSE PULSED LIGHT) HAIR REDUCTION  
LASER VEIN 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, Fluphenazine, Tegretol, Dilantin  
ANTIDIABETIC 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  
ANTIHISTAMINES 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 YOUR 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 FROM 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**

AHA/BHA SKIN CARE PREPARATIONS e.g. Glycolic Cleanser or Scrub, Clearskin gel

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

**IF YOU ARE HAVING LASER GENESIS 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**

