

PRE TREATMENT CHECKLIST

INJECTABLE LIP REJUVENATION & LIP ENHANCEMENT – e.g. Belotero, Restylane, Juvederm, Perlane, Emervel.

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

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

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

SKIN NEEDLING OR DERMAPEN

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 OILS, KRILL OILS, GLUCOSAMINE, VITAMIN E, VITAMIN B, VITAMIN 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

