

PRE TREATMENT CHECKLIST

**NON SURGICAL FACIAL RE-SHAPING INJECTIONS – i.e. BOTOX, DYSPORT, XEOMIN**

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**

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

- MYASTHENIA GRAVIS
- LAMBERT EATON SYNDROME
- NEUROMUSCULAR JUNCTION DISORDER
- EPILEPSY
- PERIPHERAL MOTOR NEUROPATHIC DISEASES
- AMYOTROPHIC LATERAL SCLEROSIS
- CURRENT ACTIVE SKIN INFECTION AT SITE OF TREATMENT
- PREVIOUS HISTORY OF ALLERGIC REACTION TO BOTULINUM TOXIN A INJECTIONS

**MUST NOT BE DONE IF THE AREA TO BE TREATED REQUIRES FREQUENT APPLICATION OF TOPICAL CREAMS OR EXFOLIANTS e.g. in cases of Psoriasis, Eczema or after chemical peel treatment UNLESS THE AREAS INJECTED CAN BE AVOIDED FOR 24 HOURS**

**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?**

- 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
- GENERAL CHEMICAL PEELS PERFORMED BY DERMAL / BEAUTY THERAPIST e.g. Glycolic, Jessners
- SKIN NEEDLING OR DERMAPEN
- COSMETIC COLOUR TATTOOING

**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 ASPIRIN
- ANTI-ARTHRITIC MEDICATION e.g. Voltaren, Feldene, Mobic, Indocid
- 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 THE TREATMENT MAY RESULT IN SEVERE BRUISING**

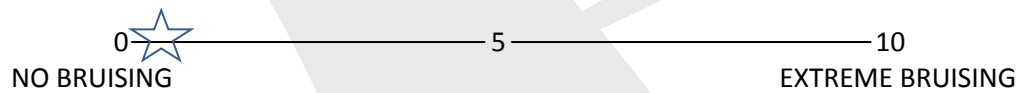
**FOR 24 HOURS AFTER YOUR TREATMENT, YOU MUST NOT DO ANY OF THE FOLLOWING TO THE AREA/S TREATED**

- RUB, EXFOLIATE, MASSAGE ON OR NEAR 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
- HAVE CHEMICAL PEELS
- HAVE ANY OTHER COSMETIC TREATMENT ON OR NEAR THE AREA 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
- LIE DOWN FOR 3-4 HOURS
- 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

RISK OF BRUISING



DOWNTIME

