

PRE TREATMENT CHECKLIST

STITCH FREE MOLE AND SKIN TAG REMOVAL

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

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

- SKIN CANCERS OR RECURRENT SUN SPOTS IN THE AREA TO BE TREATED
- 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
- ABNORMAL SKIN HEALING OR SCARRING e.g. Keloid or Hypertrophic scarring
- ABNORMAL BLEEDING OR LOW PLATELET COUNT e.g. Thrombocytopenia, Hemophilia
- CURRENT ACTIVE SKIN INFECTION AT SITE OF TREATMENT
- HEART DISEASE WITH IRREGULAR HEART RATE
- CARDIAC PACEMAKERS OR INTERNAL DEFIBRILLATORS

MUST NOT BE DONE OVER OR NEAR TO THE FOLLOWING AREAS

- IMPLANTED DEVICES, INCLUDING METALLIC IMPLANTS, ELECTRONIC IMPLANTS, TIME-RELEASED MEDICAL IMPLANTS, AND SUPERFICIALLY PLACED BODY CONTOURING IMPLANTS

YOU MUST NOT HAVE TAKEN ROACCUTANE IN THE LAST 6 MONTHS

THE LESIONS YOU ARE HAVING REMOVED COSMETICALLY MUST HAVE BEEN CHECKED AND CONFIRMED TO BE NON-CANCEROUS BY YOUR GP OR SKIN SPECIALIST BEFORE THE TREATMENT

THE LESIONS TO BE REMOVED MUST BE RAISED ABOVE THE SKIN BY 2+mm

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

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-ARTHRITIC MEDICATION e.g. Voltaren, Feldene, Mobic, Indocid
- WARFARIN
- 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

FOR A NUMBER OF DAYS AFTER YOUR TREATMENT, YOU MUST FOLLOW A SPECIFIC AFTERCARE REGIMEN THAT MAY INCLUDE THE APPLICATION OF SMALL ROUND BANDAIDS AS WELL AS THE APPLICATION OF A MEDICATED CREAM

FOR A SPECIFIED NUMBER OF 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

GET ANY WATER ON THE AREA TREATED

APPLY MAKEUP TO THE AREA TREATED

APPLY ANYTHING TO THE AREA TREATED OTHER THAN WHAT IS ADVISED BY YOUR COSMETIC PRACTITIONER

PLEASE REMEMBER THAT AN AFTERCARE KIT WITH DETAILED INSTRUCTIONS IS SUPPLIED AS PART OF THIS TREATMENT TO ENSURE RAPID, EFFECTIVE HEALING REDUCING THE DOWNTIME EXPERIENCED AND ENHANCING THE EFFECTS OF THE TREATMENT

