

PRE TREATMENT CHECKLIST

TITAN NON SURGICAL FACE & NECK LIFT

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 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 USED OVER COSMETIC TATTOOS

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

SKIN CANCERS OR RECURRENT SUN SPOTS IN THE AREA TO BE TREATED

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

ABNORMAL SKIN HEALING OR SCARRING e.g. Keloid or Hypertrophic scarring

ABNORMAL BLEEDING OR LOW PLATELET COUNT e.g. thrombocytopenia

VITILIGO – WHITE PATCHES ON THE SKIN

YOU MUST NOT HAVE TAKEN ROACUTANE 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

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

PDT (PHOTODYNAMIC THERAPY) for recurrent abnormal skin lesions such as sun spots

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

GENERAL CHEMICAL PEELS PERFORMED BY DERMAL / BEAUTY THERAPIST e.g. Glycolic, Jessners

SKIN NEEDLING OR DERMAPEN

LASER HAIR REDUCTION

IPL (INTENSE PULSED LIGHT) HAIR REDUCTION

LASER VEIN TREATMENT

IPL (INTENSE PULSED LIGHT) SKIN REJUVENATION

PHOTOABRASION TREATMENT

RESPECT YOUR SKIN 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 ANTI – NON STEROIDAL INFLAMMATORY MEDICATION

ANTIHISTAMINES e.g. Demazin, Phenergan, Hismanal, Polaramine, Periacin 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 SHOULD 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 7 DAYS YOU MUST NOT HAVE HAD EXCESS EXPOSURE TO 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 FORM 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

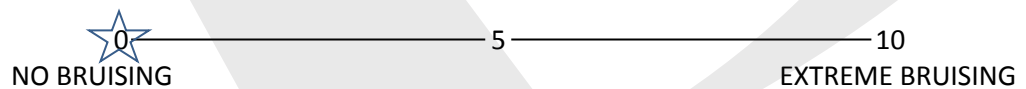
HOME ROLLER OR HOME NEEDLING DEVICE e.g. skin inject

IF YOU ARE HAVING A TITAN TREATMENT DONE IN A HAIRY AREA YOU MUST CLOSE SHAVE THE AREA ON THE DAY OF THE TREATMENT.

YOU WILL BE OFFERED PAIN RELIEF (PANADEINE, PANADEINE FORTE OR PARACETAMOL) AND A RELAXANT (VALIUM) MEDICATION PRIOR TO THE TREATMENT – PLEASE NOTIFY YOUR PRACTITIONER IF YOU ARE ALLERGIC OR CAN'T TAKE THESE MEDICATIONS FOR ANY OTHER REASON

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

