

## *Neuromodulator & Injectable Filler Instructions*



### **Pre-Treatment Instructions:**

- **1 week** before the treatment: Avoid taking blood thinners such as: Aspirin, NSAIDS (Ibuprofen, Advil, Motrin, Aleve, Vioxx), St. John's Wort, Fish Oil, Ginseng, Gingko, Biloba, and high doses of Vitamin E supplements (These may increase bruising and bleeding at the injection sites.) Please inform us if you are taking Coumadin, or Plavix.
- **24 hours** before treatment: Avoid alcoholic beverages.
- Preferably schedule treatment at least **2 weeks** before a special event.
- Please notify us if there is any change in your medical history since your last office visit.
- If you have previously suffered from facial cold sores, you may need medications to minimize their reoccurrence.
- Consider Arnica Montana or Bromelain tablets to help prevent bruising and swelling
  - Call our office for instructions or refer to manufacturer's label.

### **Post-Treatment Instructions:**

- For **1 week** after treatment: Continue to avoid taking blood thinners (Listed above).
- Do not massage the treatment site.
- Consistent repeated treatments will produce the best resolution of wrinkles.

#### **Botox/Dysport**

- Avoid lying down for a minimum of **4 hours**, and physical exercise for at least **24 hours** after treatment.
- Facial exercise in the area of the treatment is recommended (Frown/smile for 1 hour)
- Treatment effect may take 3-10 days to start showing. The benefits may last from 2-6 months.

#### **Restylane/Juvederm**

- Following your treatment, you may experience redness, swelling, and bruising for 72 hours up to 2 weeks. Itchiness may also occur.
- Apply a cool compress immediately after treatment to decrease swelling.
- May apply topical Arnica to reduce bruising (See above for Arnica Montana and Bromelain instructions).
- Call our office if you notice an **increase** in pain and swelling after 3 days.
- The benefits may last from 6-12 months.

## **SKIN MEDICA VITALIZE PEEL INFORMATION**

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The Vitalize Skin Medica peel is great for all skin types. It is indicated to treat mild to moderate skin imperfections reduction of fine lines and wrinkles, sun damage, acne, acne scarring, hyperpigmentation, and melasma. Expect minimal downtime with mild to moderate peeling lasting 2-5 days. For maximum results, the Vitalize Peel can be applied every 3-4 weeks until desired results are achieved. Results are cumulative and maximum benefits are seen with a series of at least 3-6 peels.

### **Pre-treatment:**

#### **1 week before peel:**

- Avoid the following products and/or procedures:
  - Depilatory (hair removal) creams, Waxing, Electrolysis, Laser Hair Removal

#### **3 Days before peel:**

- Avoid the following products and/or procedures:
  - Retin-A, Tretinoin, Renova, Differin, Tazorac. Any products containing Retinol, AHA or BHA, Benzoyl Peroxide. Any exfoliating products or procedures that may be drying or irritating. (The use of these products/treatments prior to your peel may increase skin sensitivity and cause stronger reaction).

### **Post-treatment:**

#### **WHAT TO EXPECT:**

#### **Immediately after the peel and up to 24 hours:**

- Skin may be tight and more red than usual. Skin may feel tacky and have a yellow orange tinge. This is temporary and will fade in a few hours. Wait until before bedtime before washing your face.
- Avoid strenuous exercise starting the day of the procedure and while the skin is peeling. Stay Cool! Heating internally or externally can cause hyperpigmentation (i.e. exercise, hot showers, saunas, etc.)

## **24 hours after the peel and until the peeling is complete:**

- Skin may be tight up until it starts to peel. Peeling will generally start between 48-72 hours after the procedure, and can last 2-5 days. **DO NOT PICK OR PULL THE SKIN.** Allow the skin to peel at its own pace. **(Premature peeling of the skin will result in dry, cracked, raw skin that may develop into the post-inflammatory hyperpigmentation).**
- The degree of peeling may vary depending on your skin type and skin condition at the time of the peel.
- The success of the peel should not be determined by the amount of peeling, but by the end result that the peel will produce.
- Limit Sun exposure for 1 week after peel. Apply SPF 30+ daily in the AM and throughout the day.
- Use a gentle soap free cleanser. Do not scrub or use a wash cloth while the skin is peeling.
- We recommend the Post-Procedure Solution Kit from **PCA Skin**. The kit is designed to sooth and hydrate the skin after any chemical peel.
- 5-7 Days after procedure: start regular skincare regime.
- Do not go to tanning bed for at least two weeks post-procedure. This practice should be discontinued due to increased risk of skin cancer and sign of aging.

**If you have any additional questions prior or after your treatment, please call our office.**

## SR/SRA CONSENT

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***I duly authorize direction of David W. Kim, MD to perform skin tightening procedure and any other measures which in their opinion may be necessary. (Initial in spaces provided)***

\_\_\_\_\_ I understand that the device is intended for Skin Rejuvenation. I understand there is a possibility of short term effects such as reddening, mild blistering, or scabbing, mild burning, temporary bruising, and temporary discoloration of the skin; as well as possibility of rare side effects such as scarring and permanent discoloration. I also understand that eye injury is unlikely but may occur without the use of proper protective eye shields during the treatment.

\_\_\_\_\_ I understand clinical results may vary depending on individual factors, including medical history, skin type, compliance with pre and post treatment instructions, and individual response treatment.

\_\_\_\_\_ I understand that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible applications, and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire.

\_\_\_\_\_ I confirm that I am not pregnant at this time, and that I have not taken Accutane within the last 6 months. I do not have a pacemaker or internal defibrillator. I do not have history of keloid scarring, have not had deep chemical or mechanical peeling within the last 2 weeks preceding treatment, and do not have poorly controlled diabetes. I confirm that I have disclosed all my medical history, including medications and supplements.

\_\_\_\_\_ I consent to taking photographs and authorize their anonymous use for the purposes of medical audit, education and promotion.

\_\_\_\_\_ I understand that the skin rejuvenation treatment involves a series of treatments and fee structure has been fully explained to me.

\_\_\_\_\_ I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

**Patient Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have reviewed the treatment consent with the patient and have given the opportunity to ask questions.

Medical Professional: \_\_\_\_\_ Date: \_\_\_\_\_

# SKIN REJUVENATION INFORMATION

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Skin rejuvenation improves or reduces the appearance of telangiectasia, spider veins, angiomas, age spots, freckles, uneven pigmentation, non-dynamic fine lines, enlarged pore size, and textural irregularity. We recommend 5-6 treatments every 3-4 weeks.

Maintenance as prescribed by your clinician. Treatment duration is 30 minutes to 1 hour. Skin rejuvenation may be combined with skin tightening and wrinkle reduction in the same treatment session.

## **PRE-TREATMENT INTRUCTIONS:**

- Avoid skin irritation or skin tanning. Apply sunscreen (UVA/UVB SPF 30 or higher) when outdoors.
- Discontinue any irritant topical agents 3-7 days prior to treatment.
- On the day of treatment, do not use lotion, make-up, perfume, powder, bath/shower oil in the area to be treated.

## **POST-TREATMENT INTRUCTIONS:**

- Use sunblock (UVA/UVB SPF 30 or higher) and avoid sun tanning in treated areas. No tanning.
- Some redness and swelling in treatment area is expected. Use cold compress to reduce symptoms.
- Avoid chemical or mechanical irritants 3-7 days after treatment.
- Wash gently and do not use abrasive products in treated areas for 3 days.
- Do not take a hot bath, sauna, hot tub, or expose treated area to heat for 3 days.
- If scabbing or crusting occurs. Do not scratch or remove.
- Fillers or other injectables should not be done within 1-2 weeks before and after skin rejuvenation treatment.

## **Possible side effects:**

- Temporary discomfort or pain during treatment
- May feel warmth or tingling
- Temporary redness and swelling in treatment area
- Superficial crusting, scabbing, blistering in treatment area
- Temporary “darkening” of pigmented lesions before becoming lighter
- Temporary or permanent (very rare) discoloration

If you have additional questions prior to or after your treatment, please call our office.

# SKIN TIGHTENING INFORMATION

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The skin tightening Refirme treatment stimulates long term collagen growth as well as existing collagen fibers which gives an immediate firmed or tightened appearance. Recommended is 3-6 treatments every 4 weeks. Treatment duration is 30 minutes to 1 hour. Maintenance of one session may be needed every 3-6 months. Skin tightening can be combined with skin rejuvenation, or wrinkle treatment in the same treatment session.

## **PRE-TREATMENT INSTRUCTIONS:**

- Avoid skin irritation or skin tanning. Apply sunscreen (UVA/UVB SPF 30 or higher) when outdoors.
- Discontinue any irritant topical agents 2-3 days prior to treatment.
- On the day of treatment, do not use lotion, make-up, perfume, powder, bath/shower oil in the area to be treated.
- You may feel sensitivity to area with dental crowns, caps, braces, or other metal implants. We may use dental rolls, gauze or tongue depressor to make the treatment more comfortable.

## **POST-TREATMENT INSTRUCTIONS:**

- Use sunblock (UVA/UVB SPF 30 or higher) and avoid sun tanning in treated areas.
- Some redness and swelling in treatment area is expected. Use cold compress to reduce symptoms.
- Wash gently and do not use abrasive products in treated areas for 3 days.
- Do not take a hot bath, sauna, hot tub, or expose treated area to heat for 3 days.
- If scabbing or crusting occurs, do not scratch or remove.

## **Possible Side Effects:**

- Discomfort or pain during treatment
- Temporary redness and swelling in treatment area
- Superficial crusting, scabbing, blistering in treatment
- Temporary changes in skin tone
- Temporary or permanent (very rare) discoloration or textural changes in skin
- Call the office at the first sign of a blister, or if you have other concerns

## SKIN TIGHTENING CONSENT

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***I duly authorize the direction of David W. Kim, MD to perform skin tightening procedure and any other measures which in their opinion may be necessary. (Initial in spaces provided.)***

\_\_\_\_\_ I understand that the device is intended for skin tightening. I understand there is a possibility of short-term effects such as reddening, mild blistering, or scabbing, mild burning, temporary bruising, and temporary discoloration of the skin; as well as the possibility of rare side effects such as scarring and permanent discoloration. I also understand that eye injury is unlikely but may occur without the use of proper protective eye shields during the treatment.

\_\_\_\_\_ I understand clinical results may vary depending on individual factors, including medical history, skin type, compliance with pre and post treatment instructions, and individual response treatment.

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\_\_\_\_\_ I understand that the skin tightening treatment involves a series of treatments and fee structures has been fully explained to me.

\_\_\_\_\_ I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

**Patient Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have reviewed the treatment consent with the patient and have given opportunity to ask questions.

Medical Professional: \_\_\_\_\_ Date: \_\_\_\_\_