900D 70 GREAT

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Botox/Dysport PRE - TREATMENT INSTRUCTIONS

It is prudent to follow some simple guidelines before treatment that can make all the difference between a fair result and a great result, by reducing some possible side effects associated with the injections. We realize that this is not always possible. However, minimizing these risks is always desirable.

- Avoid Alcoholic beverages at least 24 hours prior to treatment (Alcohol may thin the blood increasing risk of bruising.)
- Avoid Anti-inflammatory / Blood thinning medications ideally, for a period of two (2) weeks before treatment. Medications and supplements such as Aspirin, Vitamin E, Ginkgo Biloba, St. John's Wort, Ibuprofen, Motrin, Advil, Aleve, Vioxx, and other NSAIDS are all blood thinning and can increase the risk of bruising/swelling after injections.
- Schedule Botox® or Dysport appointment at least 2 weeks prior to a special event which may be occurring, i.e., wedding, vacation, etc. etc. It is not desirable to have a very special event occurring and be bruised from an injection which could have been avoided.

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Botox/Dysport POST - TREATMENT INSTRUCTIONS

- No straining, heavy lifting, vigorous exercise for 2-3 hours following treatment. It is now known that it takes the toxin approximately 2 hours to bind itself to the nerve to start its work, and we do not want to increase circulation to that area to wash away the Botox®/Dysport from where it was injected.
- Avoid Manipulation of area for 3 hours following treatment. (For the same reasons listed above.)
- Facial Exercises in the injected areas is recommended for 1-hour following treatment, to stimulate the binding of the toxin only to this localized area.
- It can take 2-7 days to take full effect. It is recommended that patient contact office no later than 2 weeks after treatment if desired effect was not achieved.

Makeup can be applied before leaving the office. Retin-A, Glycolic acid and Vitamin C can be used, but avoid the Botox/Dysport areas for 24 hours.

I certify that I have been counseled in post treatment instructions and have been given written instructions as well.

Patient Signature_	Date	
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