

GOOD TO GREAT

Medical Aesthetic Solutions

Bruce J. Sand, M.D., F.A.C.S.

Mary T. Sand, R.N., B.S.N., CNOR, PHN

PRE-TREATMENT INSTRUCTIONS

Dermal Fillers

(A few simple guidelines both pre and post-treatment can make a difference between a good result and a fantastic one)

If you have a history of Herpes (cold sores), you must be treated two (2) days prior and five (5) days after Filler injection treatment with Valtrex 500mg BID (twice a day) or Zovirax 400mg TID (three times a day).

If you develop a cold sore, blemish or rash, etc., prior to your appointment, you must reschedule.

If you have a special event or vacation coming up, schedule your treatment at least two (2) weeks in advance.

No Aspirin, Motrin, Gingko Biloba, Garlic, Flax Oil, Cod Liver Oil, Vitamin A, Vitamin E, or any other essential fatty acids at least three (3) days to one (1) week before and after treatment.

Avoid: Alcohol, caffeine, Niacin supplements, high-sodium foods, high sugar foods, refined carbohydrates (you may eat fruit), spicy foods and cigarettes 24-48 hours before and after your treatment.

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POST TREATMENT INSTRUCTIONS

Dermal Fillers

(A few simple guidelines both pre and post-treatment can make a difference between a good result and a fantastic one)

Avoid: Aspirin, Motrin, Gingko Biloba, Garlic, Flax Oil, Cod Liver Oil, Vitamin A, Vitamin E or any other essential fatty acids at least three (3) days to one (1) week before and after Dermal Filler injection.

Avoid: Alcohol, caffeine, Niacin supplements, high-sodium foods, high sugar foods, refined carbohydrates (you may eat fruit), spicy foods and cigarettes 24-48 hours before and after your treatment.

Avoid: Vigorous exercise and sun and heat exposure for three (3) days after treatment.

Do Not touch, press, rub, or manipulate the implanted areas for six (6) hours after treatment. You can cause irritation, sores and/or problems, and possible scarring if you do.

No makeup or lipstick until the next day. Earlier use can cause pustules.

One side may heal faster than the other side.

You must wait two (2) weeks before retreating or correction.

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

Patient Signature: _____ Date: _____