

### **Pre-Care Instructions 1 Week Prior to Treatment**

- Avoid sun exposure and tanning for 24 hours prior to treatment, sunburned skin will not be treated
- Stop using all skin irritants (glycolic/salicylic acids, benzoyl peroxide, retinol product such as Retin A, Triluma, Differin, and Vitamin C) on the area's being treated. 2-3 days before
- Do not have Botox 2 weeks prior to treatment
- Advise staff of current and prior medical conditions and or treatment
- Advise staff if your pregnant or nursing
- Advise Staff of current medications including antibiotics (certain antibiotics can make your skin photosensitive)
- On the day of the treatment, please keep your face clean and do not apply makeup

### **Post-Care/Home Care Instructions**

- DO NOT PICK!!! This may cause hyperpigmentation or scarring
- If the area is still irritated by end of the day, apply a cold compress for 10 minutes then moisturize with LuxMD™
- For at least 3 days post treatment, do NOT use any Alpha Hydroxy Acids, Beta Hydroxy Acid, Retinol (Vitamin A), Vitamin C (in a low pH formula) or anything perceived as 'active' skincare
- Post-treatment skin will be red, with mild swelling and/or bruising, and your skin might feel tight and sensitive to the touch for 2-3 days
- Avoid vigorous exercise, hot tubs, pools, sauna or steam for 24-48 hours after treatment
- Do not apply make-up, creams, lotions, oils or essential oils 24-48 hours to treated area
- Avoid direct sun light for 24 hours following treatment, SPF 30 or higher sunscreen must be applied 10 minutes prior to sun exposure and worn everyday rain or shine
- DO NOT USE retinol or any form of vitamin A or peeling products, or bleaching products until fully healed. Use mild products without alcohol only
- Keep skin clean and protected to avoid infection
- If skin becomes painful or redness persist, please contact us immediately

I agree that I am willing to follow these instructions given by my esthetician for home care. I will be responsible for following home regimens that can minimize or eliminate possible negative reactions, including recognizing the importance of adhering to sunscreen and avoiding the sun/tanning booths. I agree to use LuxMD™ or any other post treatment medical repair balm. I acknowledge that I have been given a copy of these instructions and have been informed of possible negative reactions, healing time and process. In the even I have any questions, or a problem occurs I will immediately call my esthetician.

On my own free will, I am requesting and providing my informed consent, to undergo Skin Sheek™ RF Microneedling Machine treatment(s) I understand that this is an elective procedure, performed solely for cosmetic purposes, and is not critical to my health I assume all risks as my own I hereby release them from any liability, both seen and unforeseen, now and forever.

Client Name : \_\_\_\_\_ Date : \_\_\_\_\_

Client Signature : \_\_\_\_\_

Esthetician Name: \_\_\_\_\_ Date: \_\_\_\_\_

Esthetician signature: \_\_\_\_\_

Esthetician Contact info: