

PRE-CARE

DERMAL FILLER

**PLEASE FOLLOW THESE INSTRUCTIONS TO MAXIMIZE RESULTS,
AND MINIMIZE THE CHANCES OF SIDE EFFECTS FROM YOUR
DERMAL FILLER TREATMENT**

ONE WEEK PRIOR:

- *AVOID BLOOD THINNING OVER-THE-COUNTER MEDICATIONS SUCH AS ASPIRIN, MOTRIN, IBUPROFEN, AND ALEVE.*
- *AVOID SUPPLEMENTS INCLUDING ST. JOHN'S WORT, GINKGO BILOBA, PRIMROSE OIL, GARLIC, GINSENG, AND VITAMIN E.*
- *IF YOU ARE ON A MEDICALLY INDICATED BLOOD THINNER CONTINUE WITH YOUR CURRENT REGIMEN BUT CONSULT WITH YOUR PHYSICIAN PRIOR TO YOUR SCHEDULED PROCEDURE*

TWO DAYS PRIOR:

- *BEGIN TAKING ARNICA OR BROMELAIN TWO DAYS PRIOR TO THE PROCEDURE TO REDUCE RISK OF BRUISING (OPTIONAL)*
- *AVOID ALCOHOLIC BEVERAGES*

DAY OF PROCEDURE:

- *DO NOT CONSUME ALCOHOLIC BEVERAGES*
- *ARRIVE WITH A CLEAN FACE IF POSSIBLE. PLEASE BE AWARE THAT IF YOU ARE WEARING MAKEUP, IT WILL BE PARTIALLY DISRUPTED TO CLEAN THE SKIN PRIOR TO INJECTING.*

ADDITIONAL RECOMMENDATIONS:

- *PLEASE REVIEW THE AFTERCARE TO ENSURE THAT YOU ARE ABLE TO FOLLOW THEM TO ENSURE A SAFE AND EFFECTIVE RESULT.*
- *IF YOU HAVE A HISTORY OF FACIAL COLD SORES, THERE IS A RISK THAT NEEDLE PUNCTURES DURING YOUR FILLER TREATMENT COULD CONTRIBUTE TO ANOTHER COLD SORE OUTBREAK. PLEASE START YOUR ANTI-VIRAL MEDICATION 1-3 DAYS PRIOR TO YOUR INJECTION AND LET YOUR INJECTOR KNOW THAT YOU ARE PRONE TO COLD SORES.*

QUESTIONS? CALL (470) 272-8730