# West Linn Aesthetic Medicine

# Pre-Treatment Instructions:  Botox® Cosmetic and Dermal Fillers
~ Juvéderm® Ultra XC and Juvéderm® Ultra Plus XC ~

- You should be in good overall health.  If you are currently sick with a bad cold or flu symptoms you should postpone treatment until well.

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

- If you have recently had a sun burn, laser treatment, chemical peels, or any procedure based on a skin response, please allow skin to completely heal before scheduling your appointment.

- Let us know if you are prone to cold sores.  You may need to take an anti-viral medication to help prevent the outbreak of cold sores after treatment.  This is particularly important if you are having treatment in or around your lips/mouth.

- If you develop a cold sore, blemish, rash, or any active skin infection in the treatment area prior to your appointment you must reschedule.

- There are many supplements and medications that thin the blood and can increase the risk of bruising and bleeding at the treatment site.  Try to avoid the following 48 hours before and after treatment:  Alcohol, Caffeine, Aspirin, Ibuprofen, Motrin, Advil, Aleve, Vioxx, NSAIDS (non-steroidal anti-inflammatory drugs), St. John's Wort, vitamin E, vitamin A, Retin-A, Cod liver or Fish Oil, Flaxseed Oil, Ginko Biloba, Niacin, Garlic.

- You may not be a candidate for treatment of cosmetic dermal fillers if you are currently taking anti-coagulant medications such as Aspirin, Warfarin, Coumadin, Heparin, Lovenox, Enoxaprin, Lepirudin, Refludan, Ticlopidine, Ticlid, Clopidogrel, Plavix, Tirofiban, Aggrastat, Eptifibitate, Integrillin.  DO NOT stop taking these medications, but discuss the use of them with your healthcare provider before your treatment.

I have read and followed the above pre-treatment instructions for Botox® Cosmetic and Juvederm® dermal filler and have had the opportunity to ask questions regarding the above information, which have been answered to my satisfaction.

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            Patient Name Printed                                      Patient Signature                                    Date