

**I have been informed of what guidelines to follow & what to expect AFTER THE PROCEDURE including the following:**

- ◆ Patients should expect that the treatment area will typically feel as if it has mild sunburn for any where from two to twenty four hours after treatment. This is normal and a reflection that the treatment should produce results.
- ◆ Patients may experience mild redness or swelling around the treatment areas that typically last 2-3 days and is not permanent.
- ◆ Immediately after treatment, patients can apply ice packs and/or steroid creams to reduce the erythema and edema at the treatment area.
- ◆ Although treated areas may be temperature sensitive, patients can bathe and shower as usual, taking care not to scrub or use exfoliants on the treatment area until it heals.
- ◆ Patients should avoid exposing the treated area to the sun, and should wear a BROAD SPECTRUM sunscreen for six weeks after treatment. It is recommended to wear a BROAD SPECTRUM sunscreen at all times every day.
- ◆ Patients should avoid waxing, shaving, Jacuzzi's and excessive exercise for the week following each treatment.
- ◆ If patients blister or have open sores in the treatment area, they should apply an antibiotic ointment to the area and avoid all unnecessary contact with the area.
- ◆ Patients should be advised not to pick at or remove any scabbing or skin discolorations, allowing the body to naturally heal itself without increasing the risk of scarring or infections.
- ◆ Patients should be advised that it is normal for treated lesions to darken, become raised and eventually flake off the body within seven days of a successful treatment session.
- ◆ I understand that in order to maintain healthy skin I need to practice proper home care including the appropriate cleansing, toning, exfoliating, moisturizing and sunblock.

\*I hereby agree to all of the above and agree to have this treatment performed on me. I further agree to follow all pre & post treatment care instructions as I am directed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Technician: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_