

Botox/Dysport and Dermal Filler PRE-Care Instructions

To ensure the best experience and results, it's essential to **carefully REVIEW THE PRE-CARE INSTRUCTIONS below**. Following these guidelines (such as pausing retinol use or avoiding sun exposure) is crucial for your safety and to **prevent any delays or the need to reschedule**:

- I understand that I **MUST NOT consume alcoholic beverages at least 24 hours prior** to treatment (alcohol may thin the blood and increase the risk of bruising).
- I understand that I **MUST AVOID anti-inflammatory/blood thinning medications**, if possible for a period of 2-weeks before treatment. I understand that medications and supplements such as aspirin, Vitamin E, ginkgo biloba, ginseng, St. John's Wort, Omega 3/Fish Oil supplements, Ibuprofen, Motrin, Advil, Aleve and other NSAIDs have a blood thinning effect and can increase the risk of bruising and swelling after injections.
- I understand that I **MUST discuss** and disclose **any healing disorders** with my treatment provider **PRIOR** to any services rendered.
- I understand that I should **schedule** my Dermal Filler and Botox appointments **at least 2 weeks prior to a special event** which I might attend. Results from Dermal Filler and Botox injections will take approximately 5 to 7 days to appear. Also, bruising and swelling may be apparent in that time period.
- I am aware that I **MUST discuss** and disclose if I have an **active infection** or **history of herpes simplex** of the lips, mouth or face. I understand that this information is **IMPORTANT** because pre-treatment with an anti-viral medication is suggested for those with a history of herpes simplex.
- I understand that I **MUST reschedule** my appointment at least 24 hours in advance if I **have a rash, cold sore or blemish on the area**.
- I understand that I **MUST discuss** and disclose if I am **pregnant, trying to get pregnant or breastfeeding**. I understand that I **AM NOT** a candidate if I am pregnant or breastfeeding.
- I understand that I **MUST discuss** and disclose any **allergies to topical anesthetics, antibiotics, or other medications**.
- I understand that I **MUST discuss** and disclose any use of **ACCUTANE within the past 12 months**.



- I understand that I **MUST discuss** and disclose any **history of hypertrophic scarring or keloid formation or other skin diseases**.
- I understand that I **MUST STOP** all active ingredients **2 days prior** to treatment and **2 days after** treatment. I understand that this includes **RETIN-A, RETINOL, TRETINOIN, DIFFERIN GEL, GLYCOLIC ACIDS**. If I am unsure if my products contain an active ingredient, I will contact Chronos at (504) 267-4549 with the ingredient list.
- I understand that I should **eat** a small meal or snack **before my appointment**. This will decrease the chances of lightheadedness during your treatment.