Neuromodulators Pre and Post Treatment Instructions (Botox, Dysport, Jeuveau, Daxxify, Xeomin)

WHAT TO EXPECT:
During your treatment, your injector will deliver tiny injections to specifically targeted areas of the face/neck. These injections relax the muscles and prevent excessive movements, which are responsible for creating 'dynamic wrinkles' over time. It is a quick and comfortable procedure, having little to no impact on usual activity the day of treatment.

Please review the following considerations to ensure optimal results from your treatment:

PRE-TREATMENT:

- To lessen the likelihood of bleeding or bruising, discontinue use of blood thinning products for 10 days prior to treatment, if approved by your primary care provider.
    - This includes aspirin, ibuprofen (Motrin or Advil), naproxen, Aleve, fish oil, St. John's Wort, flax, Vitamin E, Vitamin D, garlic, Ginkgo Biloba, ginseng, etc.
- Regular multivitamin and Tylenol® are permitted (If not contraindicated).
- Avoid alcoholic beverages for 24 hours prior to procedure as this can increase the risk for bleeding and bruising at the treated site(s).
- Avoid waxing, bleaching, tweezing, or the use of hair removal creams in the area(s) to be treated.
- If you have any concerns of discomfort, you may take Tylenol® (if not contraindicated) 1 hour prior to your appointment.
- Always inform your doctor of all medications, including supplements you may be taking as well as your medical history.

POST-TREATMENT:

- Do not lie flat for 1 hours after your treatment.
- Avoid pressure on any treated areas such as facials, massages or tight-fitting hats/bands for 48hrs.

- Avoid strenuous work outs for 48hrs.
- Avoid being inverted for 24hrs.
- To maintain optimal results, we recommend staying consistent with your appointments every 3-4 months!

PRECAUTIONS

You would not be considered a candidate for Botox® if you have any of the following:

- Myasthenia Gravis
- Allergy to Botulinum Toxin
- Neuromuscular disorder
- Pregnant or breastfeeding
- Allergy to human albumin Neuromodulator

Date *

MM/DD/YYYY

Signature *