



apsara

AESTHETIC MEDICINE

### IPL PRE-TREATMENT INSTRUCTION

I understand that failure to carefully follow the instructions below may affect my treatment outcome and increase the likelihood or severity of complications. I agree to review and adhere to these instructions prior to each appointment.

#### **Prior to Your Appointment:**

Avoid sun tanning for at least 2 weeks prior to treatments. This will also be required after treatments. You must avoid self-tanning creams for at least 1 week prior to treatments.

Do not use any medication that causes photosensitivity for at least 72 hours prior to laser treatments. If you are taking a prescription medication that causes photosensitivity, please contact your prescribing physician to discuss your options.

Do not use Accutane (or products containing isotretinoin) for at least 6 months prior to treatments. Use of Retin-A (or products containing tretinoin) is acceptable up to 5 days before treatment, provided there is no skin reaction present.

We recommend that you avoid the use of aspirin, ibuprofen and other anti-inflammatory or blood thinning medications at least three days prior to treatments, as these will increase the likelihood of bruising.

The treatment area must be free of any open sores, lesions or skin infections. For treatment of pigmented skin lesions, you should consult a specialist if there is a family or personal history of skin cancer or if you have these concerns.

#### **On The Day of Your Appointment:**

Shave any hair present in the area to be treated. Men should shave the beard area twice in succession in order to ensure as close a shave as possible.

Gently wash the area to be treated, removing makeup, lotion, etc. Do not apply any creams, lotions or other products to the area except a topical anesthetic (if being used).

If you have elected to use a topical anesthetic, do so only after reviewing all cautions associated with its use. Apply and use as directed prior to arrival,

If applicable, dress so that you may modestly expose the treatment area.

The timing of each patient's appointment is critical. In order for us to keep all patients on schedule we ask that you please be on time for your appointments.

By signing this form, I acknowledge that I have read and understand the above.

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Signature

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Date