

Preparing For Your Procedure



1. **THE FOLLOWING ARE PROHIBITED:**

- a. **SMOKING** – You must not smoke for at least 2 weeks prior to and 2 weeks after your procedure. Smoking greatly intensifies your potential for serious risk, causes your circulation to drop and impedes your recovery.
- b. **ASPIRIN** – Avoid taking aspirin or any product containing aspirin for at least 2 weeks preceding and 2 weeks following your procedure. Aspirin diminishes the ability of your blood to clot, increasing your propensity to bleed during your procedure and recovery. **CAREFULLY REVIEW THE ATTACHED MEDICATION ALERT.**
- c. **ALCOHOL** – Do not consume any alcoholic beverage for at least 5 days in advance of your procedure. Alcohol consumption increases your risk of serious complications and may increase bleeding and bruising.

2. **PLEASE NOTIFY US IMMEDIATELY IF ANY OF THE FOLLOWING CONDITIONS DEVELOP PRIOR TO YOUR SCHEDULED PROCEDURE:**

- a. **FEVER**
- b. **COLD SYMPTOMS OR ILLNESS OF ANY KIND**
- c. **FACIAL SORE(S)**

3. **ONE DAY BEFORE + ON YOUR PROCEDURE DAY**, shower as usual.

- a. **FEMALES:** If you are having inner thigh or abdominal treatments you may prefer to shave your pubic area at home before coming in for your procedure.
- b. **MALES:** If you are having your flanks or abdomen treated you may prefer to shave the area at home before coming in for your procedure.

4. **FOR YOUR PROCEDURE:**

- a. **WEAR COMFORTABLE CLOTHING THAT FITS LOOSELY AND ALLOWS EASE IN DISROBING / REDRESSING.** Do not wear jeans or other close-fitting apparel, and avoid clothing that slips over your head – opt for a shirt that buttons completely up the front.
- b. **WEAR DARK COLORS** and prepare your car and bedding with protective coverings (e.g., shower curtain).
- c. **WEAR SHOES THAT SLIP ON** for ease in re-dressing after your treatment.
- d. **LEAVE ALL JEWELRY + VALUABLES AT HOME.**
- e. **AVOID WEARING WIGS, HAIRPINS, OR HAIRPIECES.**
- f. **DO NOT APPLY FACIAL OR BODY MAKE UP, LOTIONS OR OILS..**

5. **ARRANGE A DRIVER TO AND FROM YOUR PROCEDURE.** You cannot be discharged to a taxi.

6. **ADHERE TO THE DIETARY GUIDELINES INDICATED:**

- NPO** (nothing by mouth) after midnight prior to treatment 6 hours prior to treatment **CLEAR LIQUIDS ONLY** 6-8 hours prior to treatment

I, _____, **HAVE READ AND FULLY UNDERSTAND THE ABOVE ITEMS 1 – 6.**

PATIENT SIGNATURE

DATE (month / day / year)

WITNESS SIGNATURE

DATE (month / day / year)