

(MP)² TREATMENTS

POST-PROCEDURAL CARE INSTRUCTION BOOKLET

INTRODUCTION TO THE VENUS BLISS™ (MP)² POST-PROCEDURAL CARE INSTRUCTION BOOKLET

The post-care instruction booklet has been created to help you prepare for your care after your treatment has been completed in the clinic. Following these instructions will maximize your aesthetic outcome. The booklet will also provide you with a few of the post-procedural warning signs that may herald a complication. As you discovered from our informed consent booklet and your discussion with _____, most potential complications tend to be minor and can be effectively managed if we are notified promptly. Please read this booklet carefully, initial each page, and sign the last page to indicate you have read and fully understood its contents. If you do not understand any of the items in the post-care instruction booklet, please do not hesitate to call the clinic and speak with _____. In the rare instance that you are unable to contact _____ with a post-care concern, and you feel it is of an urgent nature, please proceed to the emergency room of your nearest hospital. Remember, your excellent aesthetic outcome and quality of care is our goal. We are here to help you!

CONTACTING THE OFFICE

Office:
After Hours:

Client Initials: _____ Date: _____

POST-PROCEDURAL CARE INSTRUCTIONS

POST-PROCEDURE COURSE - DAY 1 TO 7

The healing time for any given treatment varies between different clients. The following represents the general recovery phases you might expect. Individual clients may experience variations from this course.

There will be redness and warm emanating from the area for the first 2 hours. You should notify us if you experience pain that is severe or excessive, as this is unusual. Bruising is not at all common, but let us know if this occurs.

Activity:

Post redness is mild, and you may return to regular activities immediately. Do not apply ice or cooling compresses as the heat response is the body's natural healing response.

Moisturizer:

Moisturizer may be applied immediately after each treatment, and then should be applied regularly throughout the course of the treatment.

Swelling/Discomfort/Redness:

You should notify us if you experience pain that is severe or excessive, as this is unusual.

Sun Avoidance:

Sun avoidance should become a permanent component of your long-term skin care program. Always use an SPF 30 or greater even on a cloudy day.

Long-Term Skin Care:

In addition to sun avoidance, we suggest all clients use long-term skin care that will optimize the youthful, rejuvenated appearance you have achieved. We offer clients a program for long-term maintenance of your skin. This unique program offers state-of-the-art rejuvenating creams that are only available and administered by our medical team.

Home Regime:

To enhance the results of the treatments, it's recommended to maintain a healthy and active lifestyle. Gaining weight during the treatments could compromise the end results.

WARNING SIGNS

The following are some of the symptoms that should alert you to the possibility of an impending or existing complication and you should contact the clinic.

Infection:

Infection may be present if you notice:

- (i) Increased (rather than decreasing) swelling after the first 24 - 36 hours.
- (ii) Redness spreading beyond the area of resurfacing, that is warm and tender to touch.

Client Initials: _____ Date: _____



VENUS BLISS™ (MP)² POST-PROCEDURAL CARE INSTRUCTION BOOKLET - ACKNOWLEDGMENT AND RELEASE

I, _____ have had an opportunity to review the post-procedural care instruction booklet. I understand the items it contains and have initialed each page. I have been given an opportunity to ask any questions regarding these instructions and have had these questions answered to my satisfaction.

I understand that my cosmetic outcome may be compromised or a complication may ensue by:

1. Failure to attend any scheduled post-procedural visit.
2. Failure to follow post-procedural care instructions.
3. Failures to report symptoms or signs that are unusual or concerning.

_____ Patient or Person Authorized to Sign for Patient		_____ Please Print Name Here	
DATE: _____	WITNESS: _____	_____	_____

Client Initials: _____ Date: _____