

(MP)² TREATMENTS

POST-PROCEDURAL CARE INSTRUCTION BOOKLET

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

The post-care instruction booklet has been created to help prepare you for care after your treatment in the clinic is complete. 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:

POST-PROCEDURAL CARE INSTRUCTIONS

YOUR PROCEDURE

The treatment you have selected is Venus Versa™ (MP)².

POST-PROCEDURAL CARE - 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.

Swelling/Discomfort/Redness:

Swelling of your wrinkles occurs immediately. While it is possible for patients to experience swelling in the under-eye area for the first day, this swelling will subside. For the first 3 hours, there will be redness and slight heat emanation from the treated area - this is a normal part of your body's natural healing response. It is unusual to experience severe or excessive pain, as well as any bruising; let us know if this occurs.

Activity:

Post-treatment redness is mild, and you may return to regular activities immediately. You may experience mild heat emanating from the treated area. This is a normal part of the body's natural healing response. Do not apply ice or cooling compresses.

Moisturizer:

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

Make-Up:

Make-up can be applied immediately after each treatment. Do not sleep with makeup on the treated area. It is important to remove all make-up that is applied to the skin at night.

Avoiding the Sun:

Avoiding direct sun should become a permanent component of your long-term skin care program. Always use a broad-spectrum sunscreen of SPF 30 or greater, even on cloudy days, regardless of season.

Long-Term Skin Care:

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

Home Regime:

To enhance the results of the treatments, we recommend that you maintain a healthy and active lifestyle. Gaining weight during your treatment series could compromise your 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) facial 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 VERSA™ (MP)² POST-PROCEDURAL CARE INSTRUCTION BOOKLET - ACKNOWLEDGMENT AND RELEASE

I, _____ have had an opportunity to review the Venus Versa™ (MP)² 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:** _____