

## PRP FACIAL PRE-TREATMENT INSTRUCTIONS

Please carefully read and follow these Instructions prior to your PRP treatment.

Avoid any known skin irritants such as retinoids and alpha hydroxyl acids 3-5 days prior to treatment unless otherwise directed by your clinician.

Inform your clinician if you have any concerning skin conditions such as, but not limited to, psoriasis, cystic or inflammatory acne or cold sores.

If you have an active cold sore you may want to postpone treatment. If you are prone to developing cold sores, contact our and we will discuss the option of prescription prophylactic treatment.

Please inform our office if you are pregnant or nursing.

Avoid direct sun exposure and always use sun protection for at least 3 days before treatment.

Aspirin, Motrin, ibuprofen, Aleve (all non-steroidal and steroidal anti-inflammatory agents), curcumin, turmeric, Gingko biloba, garlic, flax oil, cod liver oil, vitamin A, vitamin E, or any other essential fatty acids at least 3 days -1 week prior to and after your treatment. Remember, we are creating inflammation. **This includes pain gels such as Voltaren and Salonpas, etc. for pain relief.**

**DO NOT TAKE** systemic steroids such as; Prednisone, Hydrocortisone, etc. for at least 2 weeks prior to your procedure. If you have had epidurals or steroid injections within the last six weeks, please inform us.

**AVOID:** Vigorous exercise, sun, and heat exposure for at least 3 days prior to your treatment

**AVOID:** Alcohol, caffeine, and cigarettes for 3 days before and after your treatment.

**DIET AND FLUID INTAKE •** Please increase your intake of fluid the day before your procedure by simply drinking 2 glasses of water in the morning before your PRP session, 2 glasses at lunch and 2 glasses at dinner.

Please eat a normal breakfast or lunch the day of your PRP session. Do not eat for 3 hours prior to procedure. You may take routine morning medications as long as they are not anti-inflammatory, or blood thinners see list above.

I certify that I have been counseled in post treatment instructions and have been given a written copy of these instructions.

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Patient Name (print)

Patient Signature

Date

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Witness Name (print)

Witness Signature

Date