|  |  |
| --- | --- |
| https://www.myaestheticspro.com/marketing/SPA050115/yourlogohere.gif | |
| https://www.myaestheticspro.com/531aerww342z/images/spacer.gif | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | **Ultherapy Skin Tightening Pre and Post Instructions** | | | |  |  |  |  | | --- | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | **Patients with any of the following medical conditions are not candidates for Ultherapy:**   * Psoriasis on face or head * Epilepsy * Bells Palsy * Pregnancy * Cystic acne in treatment area * Open lesions in treatment area * Metal implants or stents in treatment area (this does not include dental work)   **Patients with the following medical conditions should take additional precautions. Please discuss with your Ultherapist:**   * Blood disorders * History of cold sores * Auto-immune diseases   **Prepare for your treatment:**   * Bring an iPad, iPod, mp3 player with headphones. * You may experience mild, momentary discomfort. * Skin must be fully healed from any prior laser treatment or chemical peel before receiving Ultherapy.   **Avoid these products and/or procedures before your treatment:**   * Patients should not receive Botox one week before an Ultherapy treatment. * Please advise your Ultherapist if you have recieved a Dermal Filler within the past month. Please postpone any upcoming Dermal Filler treatments until after your Ultherapy treatment.   **After treatment:**   * You may resume your regular activities. * A skin care regimen containing anti-oxidants, growth factors, retinols, and broad spectrum SPF is recommended. * Protect your treatment and investment by avoiding excessive sun exposure and smoking as these cause additional aging in the skin and the need for additional treatments may be required * You may experience bruising, swelling and/or tenderness; these symptoms are normal. You may or may not experience these symptoms. If so, they can last anywhere from a few days to a few weeks.   Please call us if you have any questions. | | | | | BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I, ***Client Name*** HAVE READ AND UNDERSTAND THE "CONSENT, RELEASE AND INDEMNITY AGREEMENT" FOR THIS PROCEDURE, AND THAT I AM SIGNING IT VOLUNTARILY. | | | **PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE** | | |  |  | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | |  | | --- | |  | |  | |  | | --- | |  | | |  | Patient Signature |  | Date | | | |