



BB GLOW FACIALS Pre-Procedure Form

Discontinue use Retin A, Retinols. Vitamin A creams and other topic medications for 3-5 days before and after your microneedling/nanoneedling treatment.

Sun exposure and/or usage of a tanning bed, including self-tanning products must be avoided for a minimum of 24 hours before and after the treatment preferably 1 week. Treatment within 24 hours of prolonged sun exposure (natural sunlight, artificial tanning booth, or sunless tanning products) may result in hypopigmentation (white spots) or hyperpigmentation (dark spots) that may not clear for several months or may even be permanent. A microneedling/nanoneedling treatment will not be administered on sunburned skin.

Accutane and any other photosensitizing medication should be discontinued for a period of least 6 months prior to receiving treatment and should not be used during your course of treatment.

No area to be treated should receive any type of Chemical Peel 2 weeks prior and after treatment.

Waxing and/or use chemical depilatories must be avoided for 2 weeks prior and after the treatment.

Shaving is allowed immediately before treatment and 48-72hours after treatment as long as there is no skin irritation.

You may be pregnant or lactating for this treatment.

You may not be on blood thinners.

You may not have active acne or open lesions on the treatment area.

You may not have been treated for skin cancer in the desired treatment area.

Surgical scars must be healed for 6 months prior to being microneedled.

If you are prone to keloid scarring this treatment might not be for you. Please consult your doctor for advice.

Notify the provider of any tattoos, including cosmetic tattooing, in the vicinity of the area to be treated as tattoos must be avoided. That includes permanent makeup and microblading.

If you have a history of cold sores, we may recommend you use prophylactic antiviral therapy in the form of Valtrex or Acyclovir before your treatment. If so, follow the directions prescribed by your doctor.

During the course of your treatments, notify your Aesthetician of any changes to your medical history, health status, or personal activities that may be relevant to your treatment.

Client Signature _____ Date _____

Skin Care Professional Signature _____ Date _____