BBL PRE-TREATMENT INSTRUCTIONS please initial:

2 weeks after. I am not currently tan. Strict su	ning MUST be avoided for 1 month prior to treate un protection is REQUIRED while being treated wit becomes such as skin discoloration and/or burning.	
I am applying SPF 50+ sunscreen every 2-3h continue for 2 weeks after (for safety).	hrs/day (as needed) for 1 month prior to treatment a	nd will
I am aware that certain medications will incr These may include but are not limited to:	rease the risk of an adverse reaction with BBL. <u>Discontinue/complete prio</u>	r to treatment:
Antibiotics, diuretics, blood pressure/anti-hyper	ertensives etc. (photosensitizing)osensitizing)	2 weeks
	ils, alcohol (increased risk of bruising)	
	leaching cream, antiaging products (photosensitizing)	
I will NOT discontinue any medications unla available to me if stopping my medication is n	less deemed safe by my prescribing physician-test not an option.	st spots are
I have discussed my current medications, along with any changes, with the Laser Center prior to my appointment I have also informed them of any sensitivity/allergy to latex or numbing agents (lidocaine, benzocaine, tetracaine)		•
I have informed the Laser Center if I've ever to (for example, Systemic Lupus Erythematous).	been diagnosed with any disorder associated with pl	notosensitivity
I have not had fillers, botox, or waxed the area treatment or peel in the last 4 weeks.	a to be treated in the last 2 weeks. I have not had any	y laser
	n not pregnant or planning to become pregnant during the course of my treatments. Additionally, I erstand the use of anesthetic cream is not recommended while breastfeeding.	
I understand that although I may see results from just one treatment, a series is usually recommended for optimal results. I acknowledge that no guarantees have been made to me regarding the outcome.		ded for
sunburned-like sensation that can last for seve	nmon short-term side effects include redness, swellingeral hours to days. Although less frequent, bruising, ots will turn darker and flake or fade in approximatel	scabbing,
ACKNOWLEDGE THAT FAILURE TO DO S	NS CAREFULLY PRIOR TO MY ARRIVAL, I SO MAY RESULT IN HAVING TO RESCHED LLATION FEE WILL APPLY (24hr notice is required to	ULE MY
Patient Signature:	Date:	
Patient Name:		