

# Premier Wellness Center

623-399-8222

www.PremierWellnessAZ.com

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## Botox PRE-Treatment Instructions:

- 3 days prior to treatment, **discontinue taking/ingesting blood thinners**, such as: Alcohol (especially red wine) Aspirin, Vitamin E, Ginko Biloba, Aleve, St. John's Wort, Garlic, Ibuprofen, Motrin, Tumeric, Flax, Chia, Fish Oils, Omega Vitamins, foods rich in Omegas, or anything that is known to thin your blood. If you are taking **prescription blood thinners**, such as Coumadin or Plavix, check with your prescribing doctor to see if you are able to stop these medications for 3-5 days prior to your appointment, until 2 days after the procedure has been completed.
- You may have **small bruises at the injection sites** treated with Botox. This is normal. It can take up to two weeks for you to experience the full effect of the Botox treatment. It takes time for the muscles to lose strength and the lines to fade following your treatment.
- Movement of the diminished lines is okay. The **objective of the Botox treatment** is to improve the appearance of the lines, not necessarily to completely paralyze the muscle. If we can achieve the improvement of the lines without complete paralysis in the area, then you will benefit from continued use of subtle facial expression in that area of your face.
- **Inform your clinician** of your **medical history**, and all **current medications** you may be taking. If you have a history of **Perioral Herpes**, inform your clinician to receive advice on antiviral therapy prior to your treatment.
- **Do not use Botox** if you are **pregnant or breastfeeding**, are **allergic** to any ingredients in Botox, or if you suffer from any **neurological disorders**.
- Please **inform your provider if you have any questions** prior to receiving your Botox treatment.
- If after 14 days, you feel that a "tweak" is needed to approve the appearance of any treated area, please schedule a **2-week follow up appointment**. And, as always, remember your sunscreen daily!

I have read the pre-care instructions prior to my treatment and understand them. I have read the Summary of Information About BOTOX Cosmetic (onabotulinumtoxinA) provided by Allergan. I also understand that it is my responsibility to ask my medical provider all of my questions and have them answered prior to treatment. I elect to have Botox treatments at Premier Wellness Center today and in the future.

Signature of Patient: \_\_\_\_\_

Print Name of Patient: \_\_\_\_\_

Date: \_\_\_\_\_