

BodyTite® and FaceTite® Pre-Treatment Instructions

- For home use, you will need:
 - underpads for furniture
 - sanitary napkins (super or overnight) and tape to cover the incisions for drainage
 - bacitracin will be used after first 48 hours.
- Fill prescriptions given to you by Dr. Kaado.
- Do not take vitamins, herbal supplements, aspirin, ibuprofen, motrin, NSAIDs, or products containing aspirin for two weeks prior to or following your treatment (see list). You may use Tylenol or acetaminophen.
- Do not drink alcoholic beverages for 5 days prior to procedure as it may create complications and increase bruising.
- For 2-3 days prior to procedure, shower using only antibacterial soap.
- Start taking the antibiotic Dr. Kaado prescribed 24 hours prior to the procedure.
- If you are having treatment on abdomen, thigh or flank, shave treatment area.
- Avoid skin irritation or intentional skin tanning. Sun-screen is advisable when outdoors during daylight hours.
- Discontinue any irritant topical agents for 2-3 days prior to treatment.
- Anticipate a social “downtime” of 1-2 days.
- Arrange for someone to stay with you for the first 24 hours after treatment.

On the day of your procedure:

- Shower and arrive for treatment with clean skin. There should be no lotion, make-up, perfume, powder, or bath/shower oil present on the skin in the area to be treated.
- Eat a light breakfast such as cereal, oatmeal, bagel or toast with jelly or peanut butter
- Dress comfortably. Foam padding and a compression garment will be applied after your procedure.
- Leave jewelry and valuables at home. Do not wear wigs, hairpins or hairpieces. Remove all body piercings.
- Bring one (1) compression garment with you.
- Take medications as prescribed.
- Bring medications prescribed by Dr. Kaado with you.
- Please arrange for someone to drive you home from your procedure. You should not drive for at least 24 hours after your procedure.
- Follow up appointment with Dr. Kaado will be scheduled.
- Follow up massage appointments will be scheduled.

I have read and fully understand these pre-treatment instructions.

Client Signature _____ Date _____

Witness Signature _____ Date _____