

Microneedling Pre-Treatment Instructions

- Discontinue use of Retin A, Retinols, retinoids, Vitamin A creams, topical antibiotics, exfoliants, hydroquinone, sunburn, and benzoyl peroxide, and any other topical medications for 3-5 days before your treatment.
- Wear a sunscreen daily and use the appropriate home care topical products.
- Avoid Accutane for 6 months before your treatment.
- Avoid IPL/Laser procedures for at least 7 days prior to your appointment.
- Please do not wax, use depilatory creams, or undergo electrolysis 5-7 days prior to your appointment.
- Please do not shave the day of the procedure.
- Please come to your appointment free of makeup, lotion, oil, deodorant, powder, perfume or sunscreen on the area to be treated
- If you have a history of cold sores, please take an antiviral agent for 2 days prior to and day of treatment.

Microneedling Post-Treatment Instructions

- Do not wear sunscreen OR makeup for 12 hours following treatment.
- Wash your face a few hours after treatment or before bed time. Use gentle cleanser and gently massage the face with tepid water (a shower may be an easy way to massage the face while washing) to remove all serum and dried blood.
- After 12-72 hours, mineral makeup can be applied but continue to use a gentle cleanser, hyaluronic acid serum, and sunblock with an SPF of 25 or higher.
- After 48 to 72 hours following treatment, you may return to your regular skin care regimen. Use of Retinol products is strongly suggested for optimal results.
- Avoid alcohol-based toners for 10-14 days and excessive sun exposure for 10 days.
- For at least 2 hours post treatment, do NOT use any Alpha Hydroxy Acids, Beta Hydroxy Acid, Retinol (Vitamin A), Vitamin C (in a low pH formula) or anything perceived as 'active' skincare.
 - Avoid intentional and direct sunlight for 24 hours. No tanning beds.
 - Do not go swimming for at least 24 hours post-treatment.
 - No exercising or strenuous activity for the first 24 hours post-treatment. Sweating and gym environments are harmful, rife with bacteria, and may cause adverse reactions.

I understand and will follow these post-treatment instructions.

Client Name (Printed): _____

Client Signature: _____ Date: _____