



MANDALA  
AESTHETICS

## Pre and Post Aesthetic Injection Instructions BOTOX

### Pre Treatment

- ❖ Please discontinue any blood thinning medications at least 7-10 days prior to your treatment. These include but are not limited to: Aspirin, Motrin/Ibuprofen/Advil, Aleve/Naproxen. If you take prescription blood thinners (ex: Coumadin, Xarelto, Plavix) check with your prescribing provider about whether you may temporarily discontinue
- ❖ Please discontinue all supplements at least 7 days prior to treatment
- ❖ Discontinue Retin-A (tretinoin) at least 2 days before and 2 days after treatment
- ❖ If you have an upcoming special event/vacation, ideally schedule your injection appointment at least 2 weeks in advance for Botox. Common side effects after injections include bruising and soreness, especially injections around the mouth, forehead and eye regions

### To minimize your chance of bruising

- ❖ Start taking arnica a few days before and continue a few days after treatment. Arnica montana is an herbal ointment or oral capsule and can be used as an anti-inflammatory and may minimize bruising
- ❖ Eating pineapple (or drinking pineapple juice) may also reduce bruising. Bromelain is an enzyme in the pineapple that has anti-inflammatory properties, among many other health benefits, and may aid in recovery
- ❖ Avoid alcohol for at least 24 hours prior to and after treatment

**Post Treatment:** You have received a neuromodulator (Botox) treatment. The effects of Botox are not immediate. It will take 2 weeks for full effect. In some cases, a touch-up will be required after 2 weeks

- ❖ You may gently apply cool compresses to the treated area as this helps reduce swelling and the potential for bruising (avoid pressure and direct ice/frozen packs directly on the skin)
- ❖ Best to avoid applying makeup or lotions for a few hours after treatment. Makeup should only be applied after any pinpoint bleeding from the injection sites subsides
- ❖ Do not rub or massage the treated areas today. When cleansing your face or applying makeup, use gentle, sweeping motions to avoid excessive mobility of the areas
- ❖ Avoid strenuous exercise for the remainder of the treatment day
- ❖ Avoid sleeping on your face for 48 hrs as much as possible after treatment
- ❖ You may take Tylenol (acetaminophen) if you experience any mild tenderness or discomfort. Avoid aspirin or NSAID products as they may increase your potential to bruise
- ❖ Avoid extended UV exposure or excessive heat for at least 24 hrs (includes hot yoga and saunas)
- ❖ Bruising may be visible initially, then may become more obvious the following day. By 2 weeks, bruising will have faded

## **BOTOX TREATMENT CONSENT MANDALA AESTHETICS**

I give my consent to:

The aesthetic medical treatment known as Botulinum Toxin A Injection (**Botox**). All aspects of this treatment and potential risks and complications have been fully explained to me, and I have had the opportunity to ask questions about the procedure including the limitations. I fully understand all of the answers that have been given to me. I have had the opportunity to discuss alternative forms of treatment or no treatment at all.

I understand that the practice of Botox is not an exact science and therefore no guarantee can be given as to the results of the treatment. I accept and understand that the goal of treatment is improvement, not perfection.

Botox is for temporary improvement of wrinkles or expression lines caused by the action of muscles, specifically the frontalis (forehead), glabella (between eyebrows or "11 lines"), nasalis (bunny lines), and lateral orbicularis region (crows feet). Other areas may be discussed and treated appropriately. I understand that a small amount of the purified Botulinum Toxin A will be injected into a muscle. This will cause temporary weakness and/or relaxation of the injected muscle, which in turn will reduce movement of that muscle causing reduction of the skin wrinkles.

I understand that the effect of the injections may take 3-14 days to appear. The duration of the effect varies from patient to patient, and typically lasts between 2 to 4 months depending on the areas treated and the dosage amount.

My expectations are realistic, and I understand that the results are not guaranteed and that for maximum results, more than one application may be required for desired effects.

I understand that potential side effects can occur despite the suitable election of the procedure and correct application. I understand my provider will take every precaution to minimize the risk of negative reactions such as: Mild tenderness, swelling, redness, pain, itching, bruising, headache, asymmetry, upper eyelid ptosis (drooping), eyebrow ptosis (drooping), diplopia (double vision) and allergic reaction.

I have been informed that it is important to know and share my personal history to establish the knowledge of any possible allergies to medications.

Botox is contraindicated/should not be injected if you are pregnant or breastfeeding. In addition, it is contraindicated with some medical conditions including Myasthenia Gravis and Lambert Eaton Syndrome. It is also contraindicated with aminoglycoside antibiotics (e.g. gentamicin, neomycin). Taking certain medications such as Aspirin, Advil, Ibuprofen (and other NSAIDs) and some cold relief medications may increase risk for bleeding and bruising.

I consent to the taking of photographs to monitor treatment effects, as desired or recommended by my provider.

I understand the potential risks and complications and have chosen to proceed with the treatment of **Botox** after careful consideration of risks, complications, and limitations.

**I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.**

<b>Patient name:</b>	<b>Practitioner Name:</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Date:</b>	<b>Date:</b>

**DERMAL FILLER TREATMENT CONSENT**  
**MANDALA AESTHETICS**

I give my consent to:

Hyaluronic Acid (HA) Dermal Filler treatment. All aspects of this treatment and potential risks and complications have been fully explained to me, and I have had the opportunity to ask questions about the procedure including the limitations. I fully understand all of the answers that have been given to me. I have had the opportunity to discuss alternative forms of treatment or no treatment at all. This is a strictly voluntary and elective cosmetic procedure.

I understand that the practice of medicine is not an exact science and therefore no guarantee can be given as to the results of the treatment. I accept and understand that the goal of treatment is improvement, not perfection, and there is no guarantee that the anticipated results will be achieved.

The objective of this technique is to introduce hyaluronic acid (HA) filling product that is soft and temporary. This corrects congenital and acquired deficits of different volumes of tissue. Filling with HA fillers is a cosmetic treatment that consists of the injection of a filling product designed to provide a temporary correction of different cosmetic imperfections such as lips, nasolabial folds, marionette lines, cheeks, jawline, etc. The longevity of filler results vary based on product used, patient biology, location of injection, with a predicted range of 2 months to 2 years. Injection of HA will need to be repeated in order to maintain or improve the results.

It has been explained to me that throughout the treatment, the administration of ice, local or topical anesthesia may be necessary. I have been informed of the risks involved and I consent to the use of such anesthetics.

Side effects and complications with fillers include, but are not limited to:

- Bruising, redness and swelling
- Pain, itching and tenderness at the treatment site
- Visible raised areas or bumpiness at and around the treated area
- Asymmetry, overcorrection or undercorrection
- Unpredictable persistence of filler, either shorter or longer than anticipated
- Prolonged discoloration of the skin such as brown, grayish, bluish, or reddish discoloration
- Infection
- Damage to deep structures
- Migration of filler
- Scarring
- Granulomas or firm nodules may form
- Allergic reaction with itching, redness and in extremely rare cases generalized allergic reactions such as whole body swelling, respiratory problems and shock
- Skin breakdown or ischemia (inadequate oxygenation of tissues), if filler is inadvertently injected into a vessel
- Partial or full blindness
- Stroke

I do understand that rarely, ischemia (inadequate oxygenation of tissues), blindness, and stroke do occur. In that event, I give the provider my consent to use the antidote hyaluronidase to dissolve the HA fillers and start the emergency protocol.

I have been informed that it is important to know and share my personal medical history to establish knowledge of any possible allergies to medications, any diseases, current medications, previous aesthetic treatments as well as history of facial herpes simplex, keloid scars, or any other circumstance that can alter or interfere with the results of the treatment, or cause the treatment to be contraindicated. Taking certain medications such as Aspirin, Advil, Ibuprofen (and other NSAIDs) and some cold relief medications may cause bleeding and bruising. If okay with your regular medical provider, antiplatelet and blood thinning agents such as Aspirin, Coumadin, Xarelto, etc. should be temporarily stopped, ideally 10 days before treatment, due to bleeding risk.

I consent to the taking of photographs to monitor treatment effects, as desired or recommended by my provider.

I understand the potential risks and complications and have chosen to proceed with the treatment of **hyaluronic acid filler** after careful consideration of the possibility of risks both known and unknown, complications, and limitations.

**I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.**

<b>Patient name:</b>	<b>Practitioner Name:</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Date:</b>	<b>Date:</b>



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## Pre and Post Aesthetic Injection Instructions DERMAL FILLER

### Pre Treatment

- ❖ Please discontinue any blood thinning medications at least 7-10 days prior to your treatment. These include but are not limited to: Aspirin, Motrin/Ibuprofen/Advil, Aleve/Naproxen. If you take prescription blood thinners (ex: Coumadin, Xarelto, Plavix) check with your prescribing provider about whether you may temporarily discontinue
- ❖ Please discontinue all supplements at least 7 days prior to treatment
- ❖ Discontinue Retin-A (tretinoin) at least 2 days before and 2 days after treatment
- ❖ If you have an upcoming special event/vacation, schedule your injection appointment at least 2 weeks in advance for filler. Common side effects after injections include bruising and swelling, especially injections around the mouth and eye regions
- ❖ If you have previously had facial cold sores, there is a risk that the needle puncture could contribute to a flare of cold sores. Please take your prescribed antiviral medication prior to treatment. Or, let me know if you need a prescription
- ❖ Please arrive to appointment without any foundation makeup or tinted moisturizer
- ❖ You are not a candidate for filler treatment if you are pregnant or breastfeeding

### To minimize your chance of bruising

- ❖ Start taking arnica a few days before and continue a few days after treatment. Arnica montana is an oral capsule or herbal ointment and can be used as an anti-inflammatory and may minimize bruising
- ❖ Eating pineapple (or drinking pineapple juice) may also reduce bruising. Bromelain is an enzyme in the pineapple that has anti-inflammatory properties, among many other health benefits, and may aid in recovery
- ❖ Avoid alcohol for at least 24 hours prior to and after treatment

**Post Treatment:** You have received a hyaluronic acid facial filler treatment. The results will be apparent immediately but will take a few weeks to fully settle. Please follow the instructions below after your treatment

- ❖ You may gently apply cool compresses to the areas treated as this helps reduce swelling and the potential for bruising (avoid pressure and direct ice/frozen packs directly on the skin)
  - Bruising may be visible initially, then may become more obvious the following day. By 2 weeks, bruising will have faded
  - Swelling may be significant after filler treatment, especially if lips were injected. Mild, non-painful swelling may last for up to 2 weeks
  - It is normal to experience a dull ache or tenderness in the treated area for up to 72 hours

- ❖ Please avoid touching the treatment areas for the remainder of the day to reduce risk of infection
- ❖ Best to avoid makeup on injected areas for 24 hours after treatment. Makeup should only be applied after any pinpoint bleeding from the injection site(s) subsides. If you need to hydrate your lips (after lip filler treatment), apply Aquaphor with a clean q-tip
- ❖ You may wash your face the evening of your treatment with a gentle cleanser such as Cetaphil or Cerave. Avoid other facial products that evening (peels, retinols, lotions)
- ❖ Do not rub or massage the treated areas today. When cleansing your face or applying makeup, use gentle, sweeping motions to avoid excessive mobility of the area(s)
- ❖ Avoid strenuous exercise or activity for the remainder of the treatment day. You may resume other normal activities/routines immediately
- ❖ Avoid sleeping on your face for 48 hrs as much as possible after treatment
- ❖ You may take acetaminophen/Tylenol if you experience any mild tenderness or discomfort. Avoid aspirin or NSAID products as they may increase your potential to bruise
- ❖ Avoid drinking alcohol for a minimum of 12 hours after as this may contribute to bruising and/or swelling
- ❖ Avoid extended UV exposure and extreme heat for a few days after treatment. This includes hot showers, steam, sun beds, hot yoga, and strenuous exercise. These may increase discomfort and swelling
- ❖ Avoid routine dental procedures (cleanings) and vaccinations for at least 4 weeks after a filler treatment if possible
- ❖ By 2 weeks post treatment, the hyaluronic acid filler has integrated into the facial tissues. By this time, it is normal to feel a “cushion” of the product but please let me know if you detect any visible lumps or bumps
- ❖ Additional treatments may be necessary to achieve a desired look

### **What is NOT normal after your filler treatment?**

You observe or experience any symptoms of a blocked blood vessel. This condition is associated with any of the following:

- Blanching (white patches in or near the treated area) and pain beyond a normal ache/tenderness
- Rash known as livedo reticularis (dusky discoloration of the skin)
- Discolored blotches in areas not injected

You experience fever, chills or any other signs of infection, even days after treatment. Other signs of infection include redness that is painful to touch.

In urgent cases when a blood vessel is blocked, the antidote for hyaluronic acid fillers will be injected, as soon as possible, to melt the filler and unblock the vessel. It is important to seek medical attention quickly for best outcome and to prevent further complications and scarring. Please contact Cassie Mandala, PA immediately at (630) 270-6804 with any concerns. If you have difficulty reaching Cassie, and you are concerned about a blocked blood vessel, please go directly to the nearest emergency room.

## **HYALURONIDASE (HYLENEX) TREATMENT CONSENT MANDALA AESTHETICS**

I give my consent to:

The aesthetic medical treatment known as Hyaluronidase (dissolving agent for dermal filler). All aspects of this treatment and potential risks and complications have been fully explained to me, and I have had the opportunity to ask questions about the procedure including the limitations. I fully understand all of the answers that have been given to me. I have had the opportunity to discuss alternative forms of treatment or no treatment at all.

I understand that the practice of aesthetics is not an exact science and therefore no guarantee can be given as to the results of the treatment. I accept and understand that the goal of treatment is improvement, not perfection.

Hyaluronidase involves an enzyme that dissolves hyaluronic acid (HA) found in dermal filler. It may be used to dissolve unwanted or migrated filler. Or, it may be utilized in the case of a suspected vascular occlusion.

I understand that the effect of the injections may be immediate or take 14 days to appear.

My expectations are realistic, and I understand that the results are not guaranteed and that for maximum results, more than one application may be required for desired effects. If hyaluronidase is being used for a vascular occlusion, multiple treatments and close monitoring will be required.

I understand that potential side effects can occur despite the suitable election of the procedure and correct application. I understand that my provider will take every precaution to minimize the risk of negative reactions such as: mild tenderness, swelling, redness, pain, itching, bruising, headache, asymmetry. Allergic reactions have been reported in less than 0.1% of patients receiving hyaluronidase. Anaphylactic-like reactions (severe allergic reactions) following retrobulbar block (behind the eye) or intravenous injections have occurred, rarely.

I have been informed that it is important to know and share my personal history to establish the knowledge of any possible allergies to medications.

Hyaluronidase is contraindicated/should not be injected if you are pregnant or breastfeeding. Taking certain medications such as Aspirin, Advil, Ibuprofen (and other NSAIDs) and some cold relief medications may increase risk for bleeding and bruising.

I consent to the taking of photographs to monitor treatment effects, as desired or recommended by my provider.

I understand the potential risks and complications and have chosen to proceed with the treatment of **Hyaluronidase** after careful consideration of risks, complications, and limitations.

**I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.**

<b>Patient name:</b>	<b>Practitioner Name:</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Date:</b>	<b>Date:</b>



MANDALA  
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### Intake Form

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (relationship) \_\_\_\_\_ Phone: \_\_\_\_\_

#### What procedures are you interested in?

- Botox
- Dermal Fillers
- Platelet Rich Plasma (PRP) for facial rejuvenation
- Platelet Rich Plasma (PRP) for hair restoration
- Other \_\_\_\_\_

#### Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Current medications and supplements: (Important to list blood thinning medications)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Problems with local anesthetic (such as lidocaine)?    **N**    **Y**

#### Previous Cosmetic Treatments:

Botox or similar	N	Y	Date: _____
Dermal Fillers	N	Y	Date: _____
Chemical Peel	N	Y	Date: _____
Facial Surgery	N	Y	Date: _____ Procedure(s) _____

#### Have you ever had any of the following conditions?

Bleeding problems/conditions	N	Y
Diabetes	N	Y
Infection (active)	N	Y
Blindness/partial blindness in either eye	N	Y
Facial herpes simplex (cold sores)	N	Y

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



**PLATELET RICH PLASMA (PRP) TREATMENT CONSENT**  
**MANDALA AESTHETICS**

I give my consent to:

Platelet Rich Plasma (PRP) treatment for aesthetics. All aspects of this treatment and potential risks and complications have been fully explained to me, and I have had the opportunity to ask questions about the procedure including the limitations. I fully understand all of the answers that have been given to me. I have had the opportunity to discuss alternative forms of treatment or no treatment at all. This is a strictly voluntary and elective cosmetic procedure.

I understand that the practice of medicine is not an exact science and therefore no guarantee can be given as to the results of the treatment. I accept and understand that the goal of treatment is improvement, not perfection, and there is no guarantee that the anticipated results will be achieved.

The objective of this technique is to introduce PRP to facial tissue thereby stimulating collagen production leading to an improvement in the skin and facial tissue. If utilized for treatment on the scalp, the objective is to stimulate hair growth in thinning areas. The longevity of PRP may be up to 1 year. Typically, PRP injection(s) will need to be repeated in order to maintain or improve the results.

It has been explained to me that throughout the treatment, the administration of ice, local or topical anesthesia may be necessary. I have been informed of the risks involved and I consent to the use of such anesthetics.

Side effects and complications with PRP include, but are not limited to:

- Bruising, redness and swelling
- Pain, itching and tenderness at the treatment site
- Visible raised areas or bumpiness at and around the treated area
- Asymmetry, overcorrection or undercorrection
- Infection
- Damage to deep structures
- Allergic reaction with itching, redness and in extremely rare cases generalized allergic reactions such as whole body swelling, respiratory problems and shock
- Skin breakdown or ischemia (inadequate oxygenation of tissues), if PRP is inadvertently injected into a vessel.
- There has been one case in the literature of reported blindness associated with a PRP injection (forehead region)

I have been informed that it is important to know and share my personal medical history to establish knowledge of any possible allergies to medications, any diseases, current medications, previous aesthetic treatments, or any other circumstance that can alter or interfere with the results of the treatment, or cause the treatment to be contraindicated. Taking certain medications such as Aspirin, Advil, Ibuprofen (and other NSAIDs) and some cold relief medications may cause bleeding and bruising. If okay with your regular medical provider, antiplatelet and

blood thinning agents such as Aspirin, Coumadin, Xarelto, etc. should be temporarily stopped, ideally 10 days before treatment, due to bleeding risk.

I consent to the taking of photographs to monitor treatment effects, as desired or recommended by my provider.

I understand the potential risks and complications and have chosen to proceed with the treatment of **platelet rich plasma (PRP)** after careful consideration of the possibility of risks both known and unknown, complications, and limitations.

**I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.**

<b>Patient name:</b>	<b>Practitioner Name:</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Date:</b>	<b>Date:</b>



## **Pre and Post Aesthetic Injection Instructions PLATELET RICH PLASMA (PRP)**

### **Pre Treatment**

- ❖ **Please discontinue any blood thinning medications at least 7-10 days prior to your treatment. These include but are not limited to: Aspirin, Motrin/Ibuprofen/Advil, Aleve/Naproxen.** If you take prescription blood thinners (ex: Coumadin, Xarelto, Plavix) check with your prescribing provider about whether you may temporarily discontinue
- ❖ Discontinue Retin-A (tretinoin) at least 2 days before and 2 days after treatment
- ❖ If you have an upcoming special event/vacation, schedule your injection appointment at least 2 weeks in advance. Common side effects after injections include bruising and swelling, especially injections around the mouth and eye regions
- ❖ Please arrive to appointment without any foundation makeup or tinted moisturizer

### **To minimize your chance of bruising**

- ❖ Start taking arnica a few days before and continue a few days after treatment. Arnica montana is an oral capsule or herbal ointment and can be used as an anti-inflammatory and may minimize bruising
- ❖ Eating pineapple (or drinking pineapple juice) may also reduce bruising. Bromelain is an enzyme in the pineapple that has anti-inflammatory properties, among many other health benefits, and may aid in recovery
- ❖ Avoid alcohol for at least 24 hours prior to and after treatment

**Post Treatment:** You have received a PRP treatment. The results may take months or multiple treatments to be apparent. Please follow the instructions below after your treatment

- ❖ You may gently apply cool compresses to the areas treated as this helps reduce swelling and the potential for bruising (avoid pressure and direct ice/frozen packs directly on the skin)
  - Bruising may be visible initially, then may become more obvious the following day. By 1-2 weeks, bruising will have faded
  - Swelling may be significant after PRP treatment, especially if lips were injected. Mild, non-painful swelling may last for up to 2 weeks
  - It is normal to experience a dull ache or tenderness in the treated area for up to 72 hours
- ❖ Please avoid touching the treatment areas for the remainder of the day to reduce risk of infection
- ❖ Best to avoid makeup on injected areas for 24 hours after treatment. Makeup should only be applied after any pinpoint bleeding from the injection site(s) subsides. If you need to hydrate your lips (after lip PRP treatment), apply Aquaphor with a clean q-tip
- ❖ You may shower and wash your face the evening of your treatment with a gentle cleanser such as Cetaphil or Cerave. Avoid other facial products that evening (peels, retinols, lotions)

- ❖ Do not rub or massage the treated areas today. When cleansing your face or applying makeup, use gentle, sweeping motions to avoid excessive mobility of the area(s)
- ❖ Avoid strenuous exercise or activity for the remainder of the treatment day. You may resume other normal activities/routines immediately
- ❖ You may take acetaminophen/Tylenol if you experience any mild tenderness or discomfort. **Avoid aspirin or NSAID products for an additional week** as they may increase your potential to bruise and they may interfere with the action of PRP
- ❖ Avoid drinking alcohol for a minimum of 12 hours after as this may contribute to bruising and/or swelling
- ❖ Avoid extended UV exposure and extreme heat for a few days after treatment. This includes hot showers, steam, sun beds, hot yoga, and strenuous exercise. These may increase discomfort and swelling
- ❖ By 1 month post treatment, the PRP will have started to take effect (growth and healing factors being utilized) but could still take longer to see visible results
- ❖ Additional treatments may be necessary to achieve a desired look

#### **What is NOT normal after your PRP treatment?**

You experience fever, chills or any other signs of infection, even days after treatment. Other signs of infection include redness that is painful to touch.