PRE-TREATMENT INSTRUCTIONS: SCAR REVISION NON-SURGICAL

Patient Name ___________________________ Date ___________________________

Successful treatment requires a partnership between you and ____________________________, MD

The following instructions are essential to a safe experience and good outcome. Use this as a checklist as you approach your surgery date. If you are unable to comply with these instructions, you must notify our office as soon as possible. As a result, your surgery may have to be postponed or delayed, at the judgment of ____________________________, MD

This is essential to your health and safety.

THREE WEEKS OR MORE BEFORE TREATMENT

There may be several weeks between your decision to undergo treatment and the actual dates for treatment, or when your treatment will begin. During this time there are several important considerations:

 Avoid Sun Exposure: Sun exposure can greatly affect the outcome of your procedure. Avoid any direct sun exposure to the area which will be treated and wear a SPF 30 daily even if the region to be treated is covered by clothing.

 Stop smoking: Smoking can greatly impair your ability to heal.

 Pre-operative testing: Make certain to schedule all of the pre-operative testing and clearance you have been given. Refer to the Pre-surgical Lab and Testing Orders form. Make certain all test results are received by ____________________________, MD as required.

PRIOR TO YOUR TREATMENT

 Purchase ointment or other items as recommended.

 Fill your prescriptions and take/apply them according to the instructions you are given. Our office will advise you accordingly. Your prescriptions include:

<table>
<thead>
<tr>
<th>Topical</th>
<th>mg</th>
<th>x per day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topical</td>
<td>mg</td>
<td>x per day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>mg</td>
<td>x per day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplements</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

 STOP taking or using the following no less than 2 weeks before your treatment:

- Aspirin and medications containing aspirin
- Ibuprofen and anti-inflammatory agents
- Vitamin E
- St. John’s Wort
- Gingko
- Garlic Supplements
- Green Tea or green tea extracts
- Retinoids
- All other medications indicated

NO SUN EXPOSURE: Your procedure may have to be postponed if you have any tan at all. The need to postpone your procedure may be at your cost.
THE DAY OF YOUR TREATMENT

Dress appropriately.

- Do not wear cosmetics, jewelry of any kind, or body piercing in the area of the scar to be treated.
- Wear comfortable, clean, loose-fitting, non-irritating clothing in the area of the scar to be treated. If the scar is located on your face or scalp, wear a wide-brimmed hat.

I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask my doctor and his or her staff any questions I have related to these instructions or about my procedure, health and healing.

_________________________________________  ________________________________
Patient Signature                                      Date

________________________________________________
Printed Name of Patient

________________________________________________
Signature of Practice Representative and Witness