



ANTI BRUISING FORM

The following are mandatory before proceeding with filler treatment:

- You are feeling well (not ill, fighting an active infection)
- NOT Pregnant or trying to become pregnant
- No dental appointment 1 month pre/post
- We recommend no teeth bleaching at least 1 month pre/post
- No special event for up to 2 weeks post procedure
- I have followed the anti bruising form 1 week prior to treatment
- Must be in the city 48 hours post treatment (**we may reschedule your filler appointment if it is necessary for you to travel immediately after your appointment**)
- Not on a detox diet or extreme cleanse as this will affect your body's response to filler
- Your makeup will be removed prior to procedure and require no makeup 12 hours post

Please discontinue the following medications, foods and supplements 1 week prior to your cosmetic injections to help minimize bruising and bleeding:

ASA FAMILY

Aspirin/Baby Aspirin
Coated Aspirin/ASA
Anacin/Excedrin
Fiorinal
Robaxisal
Midol

ARTHRITIS PILLS

Anaprox (Naproxen)
Feldene (Piroxicam)
Motrin/Advil (Ibuprofen)
Voltaren (Diclofenac)
Toradol (Ketoruiac)
Aleve (USA)
Indocid/Indomethacin

MEDICAL BLOOD THINNERS

Plavix
Coumadin
Warfarin

HERBALS AND VITAMINS

SUPPLEMENTS/MULTIVITAMINS

Cod-liver Oil/Fish Capsules
Garlic Pills
Green Tea
Vitamin E
Omega 3 - 6 Fatty Acids

FOODS

Sunflower Seeds
Green Tea
Ginger
Sushi
Salmon/Tuna

ALCOHOL

Red Wine

**If you chose not to follow our recommendations you do so at your own risk.
If you have any concerns please call: 403 453 0122**

NAME: _____ SIGNATURE: _____ DATE: _____