



Account # _____

Date: _____

Wrinkle Relaxer Post Care Guidelines Botox/Dysport

- Keep upright for at least 4 hours after injections. This will minimize the possibility of the medication migrating to unwanted areas that could possibly lead to undesired results. It is very important to avoid lying down, leaning forward, and activities that require bending at the waist.
- For the Botox/Dysport to settle into specific muscles, it is recommended to move/exercise the areas that have been treated (forehead, around the eyes, frown lines) to “work the Botox/Dysport into the muscles”. Facial exercises are recommended for the first hour following treatment.
- Be assured that any tiny bumps or marks will go away within a few hours. Wait until any pinpoint bleeding, redness, and swelling at the injection sites has subsided before applying makeup. Only use a GENTLE touch to avoid rubbing the treated area.
- In the first 24 hours after injection, AVOID exercise or strenuous activities.
- For 14 days following treatment AVOID: facial massaging, microneedling, microdermabrasion, laser, radio frequency treatments, and using any Clarisonic cleansing system. This is very important to minimize migration to unwanted areas.
- Be patient. Results can take a full 2 to 3 weeks to take full effect.

Botox/Dysport Cosmetic is a temporary procedure and you may find that your treatment results will last approximately 3 months, when recommended dosing is followed. Please maintain your treatment appointments with the frequency recommended by your medical provider, for the best long-term outcomes.

***** A follow up appointment, 2 weeks post injections, is recommended to assess the area for best results. It is recommended to schedule this follow up the day of your treatment as our schedules do fill up quickly and are in high demand.**

Call our office promptly if you experience ANY of the following: Increasing pain, swelling, significant bruising or darkening at or around the treatment area, notable change in temperature to the skin surrounding the treatment area, drainage or fever over 100.5 F, or any other concerns you may have.

Patient Signature _____ Date: _____