Aerobic exercise or vigorous physical activity should be avoided for the first 48 hours.

Direct sunlight exposure is to be completely avoided immediately following the treatment (including any strong UV light exposure and tanning beds). If some sun exposure cannot be avoided, first apply sunscreen with an SPF of 30 or greater. Sunscreen (with at least a SPF of 15) should become a part of your daily skin care regimen as your skin will become more sensitive to the sun as a result of this treatment.

Cleanse your face with water or a mild soap substitute such as _______________________________________.

Gently moisturize your face using ____________________________________ a minimum of _____ times a day.

Do NOT apply any type of glycolic acid or exfoliation products as this can severely damage or irritate the skin during the entire healing process.

DO NOT peel, rub, or scratch your skin at anytime, whatsoever. This WILL cause damage and compromise your results as well as possibly cause severe scarring.

If you experience painful areas of the face, contact your skin care therapist immediately, especially if you are prone to cold sores. Any blisters that form will need to be reported immediately.

In the event that you may have additional questions or concerns regarding your treatment or suggested home product/post-treatment care, you must consult your therapist immediately.

Additional instructions: ____________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Client Name (printed) ____________________________________________________________________________
Client Name (signature) __________________________________________ Date ________________________
Esthetician __________________________________________________________ Date ________________________