



917 N Promenade Parkway Suite #104 ● Casa Grande, Arizona 85194  
www.cloud9medspaaz.com ● (520) 876 - 5996

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## **Vampire Facelift® Pre and Post Care**

Revised October 25, 2020

### **Preparation:**

PRP Therapy is very safe because cells from the patient's own blood are used, which means there are no preservatives and no chance of the body rejecting the cells. The primary risks and discomforts are related to the blood draw where there is a slight pinch to insert the needle for collection and there is a potential for bruising at the site. Please drink plenty of fluids the night prior to your treatment.

For optimal results and to decrease the chance of bruising at the draw site, please avoid all blood thinning medications and herbal supplements for one week prior to your appointment if you can. Avoid taking Aspirin and non-steroidal anti-inflammatory medications (NSAIDS) such as Ibuprofen, Motrin, and Aleve. In addition, very high doses of some Vitamins and supplements can thin your blood and increase the chance of bruising. Please notify your provider if you are taking Coumadin, Plavix, or any other blood thinners for a medical condition. During the course of your treatments, notify my staff of any changes to your medical history, health status, or personal activities that may be relevant to your treatment.

Please hydrate well the day the day before and the day of the procedure. Eat breakfast or lunch.

### **Post Care:**

You may apply ice to the face if you desire for a few minutes following the procedure. Redness and dry skin is common. Use and apply Arnica or Triple Antibiotic Ointment to the face every 2 hours and before bedtime for the first 24 hours. Then use Arnica or Triple Antibiotic Ointment every morning and evening for the next 7 days. You may apply makeup. You can go to dinner, do a light workout, run errands, and have sex. If any bruising should occur, you may use Arnica Montana either orally or topically...bruises generally take 7-10 days to fully diminish. You may do a skin laser or peel one week after the treatment. After about 3 weeks, you will notice a change in skin color and texture. At around 3-4 weeks, you can expect to see more changes in your skin color, volume and texture. Results are typically visible for 12-8 months...you can repeat the Vampire Facelift once a year if you desire. You can repeat PRP every six months, or, if used under the eyes, you can repeat treatment in six weeks, in a series of three treatments.



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## **Vampire® Clinical Documentation**

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I have received information about my condition, the proposed treatment, alternatives, and related risks. This form contains a brief summary of this information. I have received an explanation of any unfamiliar terms and have been offered the opportunity to ask questions. I have not received any promise, guarantee or warranty that my undergoing the procedure will achieve a particular result. I fully understand that individual results do vary, and that Cloud 9 MedSpa and all of its associates assumes no responsibility for failure to achieve a desired result. I understand I may refuse consent and I give my informed and voluntary consent to the proposed procedures and the other matters shown below. I also consent to the performance of any additional procedures determined in the course of a procedure to be in my best interests and where delay might impair my health.

I authorize the practicing provider to treat my condition, including performing further diagnosis and the procedures described below, and taking any needed photographs. Photographs taken are the property of Cloud 9 MedSpa and may be used for social media content as well as printed materials at the clinics discretion.

I understand the proposed Vampire® procedure(s) to be: a procedure for rejuvenating the skin of the face and for correcting shape, using blood-derived growth factors (platelet-rich fibrin matrix (PRFM), platelet-rich plasma (PRP) injections, and a hyaluronic acid filler.

Vampire Facelift® - The use of hyaluronic acid fillers in conjunction with PRP to restore loss volume in the face.

Vampire Tear Trough® - Restoring the bags under your eyes with PRP to smooth and refresh your glow.

Vampire Hair Restoration® - Employing PRP to restore your hair growth and improve cellular function.

Vampire Facial® - A microneedling procedure that also uses your PRP to help stimulate collagen and erase fine lines and wrinkles as well as scarring.

I understand the risks associated with the proposed procedure(s) to be: Bleeding; Infections; No effect at all; Allergic reactions; Alteration of facial features ;Hematoma (hyaluronan of blood); Hyaluronan site ulceration; Accelerated hyaluronan re-absorptions; Allergy to Hyaluronan material; Hyaluronan migration; Need for subsequent surgery; Scar formation; Local tissue infarction and necrosis; Erosions; Fatigue; Damage to eyes, ears, nose, mouth; Post-operative pain; Prolonged pain; Intractable pain; Failed procedure; Varied results; Psychological alterations; Relationship problems; Possible hospitalization for treatment of complications; Lidocaine toxicity; Anesthesia reaction; Embolism; Depression; Reactions to medications including anaphylaxis; Nerve damage; Permanent numbness; Slow healing; Swelling; Allergy; Nodule formation.



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I also understand that there may be other RISKS OR COMPLICATIONS, OR SERIOUS INJURY from both known and unknown causes. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the risks of the procedure.

I understand that the use of PRP and a hyaluronic acid filler in this procedure are “off-label” uses, and no promise or representation, guarantee or warranty regarding their use, benefit or other quality is made. No representations that the use of these products and this procedure is approved by the FDA or any other agency of the federal or state government is made. I understand the alternatives to the proposed procedures and the related risks to be: do nothing.

#### CONSENT FOR ANESTHESIA

When local anesthesia and/or sedation is used by the physician: I consent to the administration of such local anesthetics as may be considered necessary by the physician in charge of my care. I understand that the risks of local anesthesia include: local discomfort, swelling, bruising, allergic reactions to medications, and seizures.

#### PATIENT CERTIFICATION:

By signing, I state that I am at least 18 years of age or older, or otherwise authorized to consent. I have read or have had explained to me the contents of this form. I understand the information on this form and give my consent to what is described above and to what has been explained to me. The physician has explained the procedure to me and it's alternatives and risks.



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## A. PURPOSE & BACKGROUND

As my patient, you have requested my administration of Dermal Fillers; used in the correction of moderate to severe facial wrinkles and folds. All medical and cosmetic procedures carry risks and may cause complications. The purpose of this document is to make you aware of the nature of the procedure and its risks in advance so that you can decide whether to proceed with the procedure.

## B. PROCEDURE

This product is administered via syringe, or injection, into the areas of the face sought to be filled with dermal filler to eliminate or reduce the wrinkles and folds.

A local anesthetic, numbing medicine may or may not be used to reduce the discomfort of the injection.

The treatment site(s) is washed first with an antiseptic (cleansing) solution.

Dermal fillers are to be injected under your skin into the tissue of your face using a thin gauge sterile needle.

The depth of the injections will depend on the depth of the wrinkles and their location.

Multiple injections may be made depending on the site, depth of the wrinkle and technique used.

Following each injection, the injector should gently massage the correction site to conform to the contour of the surrounding tissues.

If the treated area is swollen directly after the injection, ice may be applied on the site for a short period.

After the first treatment, additional treatments may be necessary to achieve the desired level of correction.

Periodic enhancement injections help sustain the desired level of correction.

## C. RISK/DISCOMFORT

Although a very thin needle is used, common injection related reactions could occur. These could include some initial swelling, pain, itching, discoloration, bruising or tenderness at the injection site. You could experience increased bruising or bleeding at the injection site if you are using substances that reduce blood clotting such as aspirin or non-steroidal anti-inflammatory drugs such as Advil.

These reactions generally lessen or disappear within a few days, but may last for a week or longer.



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As with injections, this procedure carries the risk of infection. The syringe is sterile and standard precautions associated with injectable materials are taken. Some visible lumps may occur temporarily following the injection.

Some patients may experience additional swelling or tenderness at the injection site and on rare occasions, pustules, nodule formation, or recurrent biofilm reactions can occur in addition to any other unforeseeable events. These reactions might last for two weeks or longer and in appropriate cases, may need to be treated with oral corticosteroids, antibiotics, or other therapies.

Dermal fillers should not be used in patients who are on prescribed blood thinners or have experienced hypersensitivity; those with severe allergies to latex or Lidocaine products (including but not limited to: Xylocaine, Novacaine, Zylocaine, Benzocaine, Prilocaine, or Tetracaine) should not be used in areas with active inflammation or infections (e.g., cysts, pimples, rashes or hives).

If you are considering laser treatment, chemical peels or any other procedure based on skin response after dermal fillers, or if you recently had such treatments and the skin has not healed completely, there is a possible risk of an inflammatory reaction at the injection site.

Most patients are pleased with the results of dermal fillers. However, like any cosmetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that wrinkles and folds will disappear completely, or that you will not require additional treatments to achieve the results you seek. While the effects of dermal fillers can last longer than other comparable treatments, the procedure is still temporary. Additional treatments will be required periodically, generally within 6 months to one year, involving additional injections for the effect to continue.

After treatment, you should minimize exposure of the treated area to excessive sun or UV lamp exposure and extreme cold weather until any initial swelling or redness has gone away.

#### D. ALTERNATIVES

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments include, but are not limited to Botox, Laser Skin Modalities and Cosmetic Surgery. E. CONSENT Your consent and authorization for this procedure is strictly voluntary. By signing this consent form, you hereby grant authority to your physicians office/authorized medical spa facility to perform Facial Augmentation and/or Filler Therapy injections using the Dermal Filler of your choice for any related treatment as may be deemed necessary or advisable in the treatment areas you so choose. The nature and purpose of this procedure, with possible alternative methods of treatment as well as complications, have been fully explained to my satisfaction. No guarantee has been given by anyone as to the results that may be obtained by this treatment.



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## PUBLICITY MATERIALS

I authorize the taking of clinical photographs and videos and their use for scientific and marketing purposes both in publications and presentations. I understand that photos and videos may be taken of me for educational and marketing purposes. I hold Cloud 9 MedSpa harmless for any liability resulting from this production. I waive my rights to any royalties, fees, and to inspect the finished production as well as advertising materials in conjunction with these photographs.

I have had enough time to consider this information from my physicians office/authorized medical spa facility, and I feel that I am sufficiently advised to consent to this procedure. I hereby give my consent to this procedure and have been asked to sign this form after being fully informed of the risks and benefits involved. I understand English, or if I do not I have appointed someone to translate this consent form in its entirety.