



Vein Specialists

BOTOX® COSMETIC

Pre and Post Care Instructions

1. This clinic uses only FDA approved Allergan manufactured BOTOX® Cosmetic.
2. To decrease the risk of bruising at the injection site it may be helpful to avoid blood thinning over the counter medications such as Aspirin, Motrin, and Aleve for several days prior to treatment and for 24 hours post injection. Tylenol is OK to use. Please notify our practitioner if you are using prescription or non-prescription blood thinners so extra precaution can be taken to avoid bruising. If bruising occurs, it is most common around the eyes and can be covered using a green or yellow cover up stick. While we make every effort to avoid bruising, this may occur because the skin around the eyes is very thin and there are several small vessels in this area. Bruising is usually minimal and may take up to 7 days to resolve completely.
3. If this is your first time receiving a BOTOX® treatment, a "Before" photo may be taken. Your treatment is expected to take effect in anywhere from 2 days to 2 weeks, but most commonly is seen within 3-5 days. *Since everyone's anatomy is unique, your BOTOX® Cosmetic treatment is tailored specifically for your estimated requirements. Therefore, we would like to see you in our clinic in 2 weeks for an evaluation of your treatment outcome.*
4. Immediately following your treatment, please do not lie down for 4 hours.

5. Avoid any massage or pressure to the area, as this may alter the placement of the drug. If you would like to reapply makeup, please do so gently over the treated area.
6. Refrain from heavy exercise for 24 hours.
7. Contract and release the treated muscles every few minutes over the next hour. This helps with the “uptake” of the BOTOX®.
8. Allergan, the manufacturer of BOTOX® Cosmetic, as well as our own patient experiences, report average duration of results is approximately 4 months. It is important to maintain regular injection intervals to retain an optimal aesthetic result and prevent returning to your original pre-treatment condition.
9. Let us know if you have any comments, questions or concerns. Our entire staff is committed to patient education, safety and care.

Name (printed) _____

Signature _____

By signing the above, I acknowledge I have read and understand this document.

Date of Signature _____