



**Pre-Treatment Instructions for Sublime, Sublative, IPL, E-Facial**

- No sun exposure or tanning beds for at least 3-6 weeks before and during the full course of therapy. Sun Block with (SPF 30+) should be worn at all times before and after treatment as well as protective clothing and sunglasses. If you are currently sunburnt or tanned, you will need to postpone your first treatment.
- No self-tanning products for 3 weeks prior to treatment.
- Avoid aspirin, Advil, Motrin, or any other aspirin containing products for at least one week prior to procedure. This will help minimize possible bruising.
- Discontinue use of Retin A, Hydroquinone, Tetracycline or Minocin, 5 days prior to all treatments.
- No new medications should be taken for at least two weeks prior to treatment.
- No exfoliation should be done to the skin for three days before and 7 days after treatment.
- If you have a history of cold sores (herpes), we recommend that you take Valtrex during your therapy. If you have a current prescription, Valtrex 1gm should be taken twice daily on the day before, the day of and the day after treatment.

**Post Procedure Instructions for the next 7 days**

- AM & PM: cleanse area treated with Chamomile Face Wash or Cetaphil face wash with cool water and use fingers only (no wash cloth)
- AM: apply a chemical free zinc sunblock either one from our clinic or pure zinc from a drug store.
- AM: you can apply your Sunblock after the O2 Lift has dried. If it feels too sticky, apply less.
- PM: after cleansing apply a medical grade moisturizer, we suggest O2 Lift Oxygen Mask. O2 Lift Mask will promote healing while keeping your skin moist. Leave on a thin coat, do not rinse off.
- We suggest no sun exposure for 7 days after having a Sublative treatment. Chemical grade SPF 50 at all times. Re-apply as needed. Indoor sun exposure should be avoided as well.
- If you have any scabbing, do not pick. If you accidentally scratch peeling or scabbed skin, apply a light coat of Bacitracin Ointment.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Practitioner: \_\_\_\_\_

Date: \_\_\_\_\_

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