



AESTHETICS  
BY VANESSA



*flair with care*

### **“Looking Glass Facial” Aftercare**

The “Looking Glass Facial” uses all the benefits created during a CIT / Microneedling Treatment, it delivers serums deep into the skin without effecting muscle movement, CIT / Microneedling serums enhance wound healing that naturally stimulates collagen & elastin production which creates younger, more rejuvenated looking skin.

Using My Unique Secret Magic “Looking Glass Serum”, has the added effect of a slight tightening of the skin, tightening of the pores, reduction in facial sweating & regulation of sebaceous gland activity.

It helps to promote a healthier, smoother, clearer looking skin with unclogged pores & a more even toned appearance of the skin. It also helps to promote an improved appearance of fine lines & wrinkles, dryness, dark spots & discolouration, & overall dull skin,

The “Looking Glass Facial” is a great option for individuals who seek a non-invasive treatment.

For best results a course of 2 treatments, 10 days apart is recommended then once every 3 months thereafter.

The following aftercare advice is essential to help reduce the risk of treatment complications, to improve your comfort/healing and to help achieve the best possible results from treatment. Please follow the aftercare advice:

- The treated area of skin may feel slightly tender and appear red and swollen afterwards. You may occasionally experience skin peeling and appearances may be similar to mild sunburn. These effects will resolve naturally and should be much improved after 48 hours but may take longer to settle. You may experience some minor bruising which may take 1-2 weeks to resolve in some cases.
- Use a mild cleanser with tepid water to clean your face for 3 days after the treatment and gently dry the treated area. Keep your hands clean when touching your face.
- Avoid any perfumes, fake tan or other harsh chemicals for 72 hours after treatment.
- Avoid any makeup for 24 hours after treatment as this can increase the risk of infection.
- Avoid rubbing or picking the treated area.
- Avoid any skin exfoliation for 72 hours following treatment.





- It is important to use a regular moisturising cream around two to three times a day on the treated area. Use more regularly if you feel the skin dry or peeling.
- Avoid any products that contain alpha hydroxy acids, retinol, and glycolic acid for at least 7 days after treatment.
- Avoid strenuous exercise, saunas, sunbeds, and exposure to heat for 72 hours after treatment. These can cause sweating which can irritate the delicate skin and slow down your ability to heal quickly.
- Do not lie flat or face down for at least the next 72 hours after treatment. Try to remain upright for 10-14 days after treatment, this can help to reduce product migration.
- Avoid wearing any spectacles or sunglasses for at least 72 hours after treatment & if possible also avoid for the next 10-14 days, this can help to reduce product migration.
- Avoid touching or rubbing the treated area for at least 72 hours after treatment, doing so may affect treatment results.
- Avoid any further cosmetic procedures to the treated area for at least 2 weeks following treatment, including permanent makeup and skin treatments.
- Avoid swimming for 72 hours after treatment.
- Avoid any excess alcohol or caffeine for 48 hours after treatment.
- Wear SPF 30 or greater sunscreen for at least 2 weeks following treatment as your skin will be more sensitive to sunlight afterwards.
- Avoid any further cosmetic treatments e.g. Botox or dermal filler for 2 weeks following treatment, or ask your practitioner for advice.
- Avoid any hair removal treatments such as waxing for 2 weeks after treatment or until the initial redness and swelling has resolved.
- You must seek medical attention and contact your practitioner if you experience any signs or symptoms of infection after treatment. Infection can present as hot, red shiny skin, there may be pus formation and you may have a fever or feel generally unwell.
- You must contact your practitioner as soon as possible if you notice any other unwanted side effects.
- Your practitioner will advise when further treatment appointments are required. If you are advised to attend a follow up appointment, please do make every effort to attend them. You should do this even if you believe that the recovery process is going well and you cannot see that there are any visible complications.

It is essential that you have read all the information above.

Please do let your practitioner know if you have any questions or if you do not understand any of the aftercare instructions provided below.

I confirm that I have read and understood all the information on this Form and that I have been given the opportunity to ask any questions that have come to mind throughout.





## Treatment Form – “Looking Glass Facial”

Title (Mr, Mrs, Miss, Ms.): .....

First Name: .....

Surname: .....

Address: .....

.....

Post Code: .....

Date of Birth.....

Home Tel: ..... Mobile: .....

E-Mail: ..... **(Please tick below to confirm you Agree to the following)**

I am voluntarily consenting to treatment

I also understand that I may require a series of treatments over the next 12 months every 12 weeks to achieve best results.

I have been informed that treatment can take up to 6-14 days to start to notice any results

I understand results usually lasts for approximately 3 Months or even longer in some clients as it depends upon each individual’s body’s metabolism excretion of toxins / substances in the body as we are all not the same & have or very own individual body mechanism.

I acknowledge that there is no written or implied verbal guarantee, warranty or assurance been made to me regarding the outcome of the procedure.

I understand that the treatment can cause mild to moderate stinging sensation in the treated area that can last up to 72hrs.

I need to avoid sun exposure, sunbeds, hot baths and showers, saunas, steam rooms and public pools for 72 hours post treatment.

There is a small risk of infection of the treated skin area after the procedure, although this is not expected to occur due to the sterility of the medical devices used.

Other side effects include, bruising, swelling, hematomas and slight reddening of the area that may be present for up to 14 days.

I understand that stopping treatment at any time may cause the original symptoms to return.

I understand that individual results may vary, and no guarantees are made regarding the expected outcomes of this procedure. I am happy to proceed with this treatment on this basis.

I confirm that the treatment and any products being used has been explained to me in full and that I am happy to proceed with the treatment on that basis. I have asked all questions that I may have and received all appropriate aftercare.

I understand that I must not lie flat or face down for at least the next 48 hours after treatment & remain upright for 2 weeks after treatment, as this can help to reduce product migration.

I understand that I must prevent from wearing prescription spectacles or sunglasses for at least 48hours treatment & if possible, also avoid for the next 2 weeks, as this can cause product migration.

I confirm that the treatment and product being used has been explained to me in full and that I am happy to proceed with the treatment on that basis. I have asked all questions that I may have and received all appropriate aftercare.

I understand that I am undertaking this treatment knowing the full facts, side effects, treatment outcomes and complications and I will not hold the clinic responsible should any issues mentioned above occur.



V Aesthetics Ltd is trading as Aesthetics by Vanessa. Registered in England. Company No - 13384120

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<https://www.facebook.com/aestheticsbyvanessa.co.uk>



\_\_\_ I give full consent to the use of my before and after images for marketing purposes. Images will be kept for 6 years and may be used in the event of a claim being brought against us. They will be stored on a password encrypted hard drive.

\_\_\_ Under GDPR rule I understand that I have full access to all data held on me. This data will be held by the clinic for no longer than 6 years for insurance purposes, after which, digital information will be deleted permanently, and paper documents will be destroyed. All information on myself is kept on password encrypted hard drives or locked in filing cabinets to which only selective staff members have access. None of my personal data will be sold or used for anything other than to provide the services of this clinic.

Please ensure you understand the potential complications and personal requirements of the wrinkle reduction treatments using Botulinum procedure that have been indicated within this document.

I confirm that to the best of my knowledge that the information that I have supplied is correct and that there is no other medical information I need to disclose.

I understand that treatments and products is not an exact science and therefore that no guarantee can be given as to the results of the treatment referred to in this document. I accept and understand that the goal of this treatment is improvement, not perfection, and that there is no guarantee that the anticipated results will be achieved.

**Any side effects which last more than 1-2 weeks you must contact your Aesthetic Practitioner who will give appropriate advice.**

Anything else you feel I need to know?

**My Studio is at my Home Address & contact details are as below.**

Any further Questions, please do not hesitate to get in contact.

**Clients with unattainable expectations are not suitable for treatment.**

**Managing Expectations.**

Swelling cannot be predicted or controlled immediately after treatment as you may look swollen & bruised in areas treated.

**If you are a serious worrier these Treatments are NOT FOR YOU!!**

**Results take patience - The Human Body is complex – Respect it & let it heal!!**

**Can you please Read, fill in, sign & date below:**

Once you have read and understood all the above, please, print, sign & date the declaration on the dotted line within the document attached, screen shot & send back via email for future reference.

Print ..... Sign ..... Date .....

Kind Regards

Miss Vanessa Farrell BSc Dental Therapist GDC 112960

Practitioner Signature If you have suffered a serious side effect, related to the medicine or product used (rather than the technique of the practitioner), you may report to The Medicines and Healthcare Regulatory Authority (MHRA) using The Yellow Card Scheme [rd.mhra.gov.uk](http://rd.mhra.gov.uk)

