

A Nu Yu Permanent Cosmetic and Aesthetic Care
1100 Boston Post Road, Guilford, Connecticut 06437
203-453-1112

VASCULYSE POST-CARE INSTRUCTIONS

- Do not touch or wash treated area for at least 24 hours: Treated areas may open and cause capillary bleeding if the skin is stretched or rubbed.
- Tiny scabs will appear 1 to 3 days after the treatment. These scabs will fall off within 15 days. To avoid infection and scarring. **DO NOT PICK AT OR REMOVE EXFOLIATING SKIN.** Removal of scabs can cause red marks, which can take several months to disappear.
- When washing, cleanse area very gently with skin cleanser. Do Not use a face cloth, facial brush, or sponges.
- For 24 hours following the treatment, cold compresses may be applied to treated areas. Do not put ice directly onto the skin.
- Use an Arnica Crème or a Neosporin crème that will promote healing 4 times a day.
- Do not take aspirin for 48 hours following treatment.
- Sunscreen must be used every day to avoid hyper-pigmentation. Wear a rimmed hat for outdoor activities until the healing is complete.
- After the procedure, avoid any exposure to the sun for at least one week. This includes tanning salons.
- Avoid sauna, whirlpool, swimming pool, hot water, or treatments that dilate capillaries or create facial redness for 48 hours.
- Refrain from strenuous activities and exercise for 48 hours following treatment. An increase in blood flow may rupture the treated capillary and cause treatment failure.
- If you wish to wear make-up, apply foundation very gently using clean fingers. Avoid sponges for they often carry bacteria.
- Prevention of new vascular blemishes will be aided if you avoid the following vaso-dilators: (1) Avoid alcohol (2) Avoid Spicy and hot foods (3) Avoid direct sun exposure (use a 30 SPF).

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VASCULYSE TREATMENT CONSENT FORM

I, _____ authorize A Nu Yu to perform Vasculyse capillary
coalsysis treatment for _____.

Areas to be treated: _____

The nature and purpose of this treatment has been explained to me, and any questions I
may have regarding this procedure have been explained to my satisfaction ____ (initials).

I do not have any of the following conditions: Pacemaker, metallic implants, diabetes,
pregnancy, or use blood thinning drugs. I understand these conditions are contraindicated
with Vasculyse treatments. ____ (initials).

Side effects might include mild redness, extreme redness, local swelling, bruising,
tenderness, stinging, temporary darkening of the skin, infection. Most side effects are
temporary and generally subside within one week to 21 days. ____ (initials)

I understand that with any treatment, certain risks are involved and that complications or
side effects from known or unknown causes can occur. I freely assume these risks. ____
(initials).

I have been advised not to touch or rub treated area, not to pick scabs, but to let them fall
off by themselves. I understand that I must keep area clean and use a hydrating crème and
soothing products, avoid sun exposure for one week and use a total sun block on treated
area(s) until healing is complete. ____ (initials).

I have received a copy of Post-Care Instructions ____ (initials).

During cold sores, inflammatory acne or other skin eruptions, it is necessary to
discontinue Vasculyse treatments due to possibility of the procedure spreading the
eruption(s). The procedure should be deferred until the skin is healed. ____ (initials).

I agree to adhere to all safety precautions and home care as recommended by my
aesthetician, and I will inform A Nu Yu of any concerns or complications if they occur.
____ (initials).

While satisfying results are often achieved from one treatment, many cases may need up
to three treatments. Knowing that results desired are not always the results achieved. ____
(initials)

My signature below and my initials at each paragraph acknowledge that I have read the preceding statements and give consent to the Vasculyse Treatment.

I do ___ do not___ give consent to the use of any before and after photographs to A Nu Yu.

Client Name_____ Signature_____

Address _____

Telephone# _____ E-mail _____

Practitioner _____ Signature _____