



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

## **Vampire Facial® 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:**

Immediately following the procedure, the most commonly reported temporary side effects are redness, swelling, bruising, tenderness, tingling, numbness, lumpiness, and/or a feeling of pressure or fullness at the injection sites and/or in the treated area(s). Redness and dry skin is common. Use and apply Aquaphor to the face every 2 hours and before bedtime for the first 24 hours. Then use Aquaphor every morning and evening for the next 7 days. Avoid touching or scrubbing at the injection sites for 24 hours after treatment.

To avoid bruising, avoid alcohol consumption for a minimum of 6 hours and refrain from taking blood thinners such as Aspirin and NSAIDS for several days. Tylenol is recommended if needed for discomfort.

Sleep on your back with your head elevated and avoid rubbing the treated area for 3 to 4 days. Avoid direct high heat (blow dryer, sun exposure, sauna, steam room, very hot shower, hot yoga, strenuous exercise etc.) for 24 hours after treatment. Makeup may be applied immediately after the treatment if desired.

Most patients see improvement starting at 2 to 4 weeks with continued Improvement for up to 12 weeks. If the desired level of correction has not been reached within 4 to 12 weeks then we recommend repeating the procedure at 4 to 12 week intervals until you achieve the result you desire.



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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 its alternatives and risks.



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## Microneedling Consent Form

I have received a consultation with a Registered Nurse and / or Skin Care Specialist and I consent to the treatment of MicroNeedling to be carried out upon myself. The MicroNeedling treatment allows for controlled induction of growth factor serums, or hyaluronic acid, into the skins self-repair process by creating micro injuries in the skin. These injuries stimulate new collagen production, while not posing the risk of permanent scarring. The result is smoother, firmer and younger looking skin. The skin needling treatments are performed in a safe and precise manner with a sterile needle head and are usually completed in 30 - 60 minutes.

### Absolute Contraindications:

Accutane within 6 months, Scleroderma, collagen vascular disease, or cardiac abnormalities, rosacea, blood clotting problems, platelet abnormalities, anticoagulation therapy (i.e.: Warfarin), facial cancer, past and present, chemotherapy, steroid therapy, dermatological diseases affecting the face (i.e. Porphyria), diabetes and other chronic conditions, active bacterial or fungal infections, immune-suppression, scars less than 6 months old, and Botox / facial fillers in the past 2 - 4 weeks. Treatment is not recommended for patients who are pregnant or nursing.

### Precautions:

Keloid or raised scarring, eczema, psoriasis, actinic keratosis, and herpes simplex.

### Side Effects Typically Include:

Skin will be pink or red and may feel warm, like mild sunburn, tight and itchy, which usually subside in 12 to 24 hours

Minor flaking or dryness of the skin, with scab formation in rare cases.

Crusting, discomfort, bruising and swelling may occur.

Pinpoint bleeding.

It is possible to have a cold sore flare if you have a history of outbreaks.

Freckles may lighten temporarily or permanently disappear in treated areas.

Infection is rare but if you see any signs of tender redness or puss notify our office immediately.

Hyperpigmentation (darkening of the skin) rarely occurs and usually resolves itself after a month.

Permanent scarring (less than 1%) is extremely rare.



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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 understand that if I have MicroNeedling with PRP that my blood will be drawn and spun to extract the platelet rich plasma. The plasma portion of my blood will be used as part of my treatment. I acknowledge that with any blood draw that bruising may occur at the needle stick site.

I have been informed about the treatment, procedure, indications, expected results and possible side effects. I understand that I am required to have photographs taken before, during and after treatment for my medical records. Although the results are usually dramatic I have been informed that the practice of medicine is not an exact science and that no guarantees can be or have been made concerning the expected results in my case. I am undergoing treatment of my own free will.

I agree that this procedure is being performed for cosmetic reasons. I am also aware of and accept the risk of unforeseen complications that may not have been discussed and which may result from this treatment.

I acknowledge my obligation to follow the instructions closely and visit the office as directed. I certify that I have read the above consent agreement and fully understand it. These items have been reviewed and discussed with the nurse/skin care specialist and all my questions have been answered to my satisfaction.