

Patient Name: _____ Date: _____

A successful treatment requires a partnership between you and **Dr. John Antonetti!**

The following instructions are essential to a safe experience and good outcome. Use this as a checklist as you approach your treatment date. If you are unable to comply with these instructions, you must notify our office as soon as possible. As a result, your treatment may have to be postponed or delayed, at the judgment of Dr. John Antonetti. **This is essential to your health and safety.**

TWO (2) TO THREE (3) WEEKS OR MORE BEFORE YOUR PROCEDURE

There may be several weeks between your decision to undergo autologous fat injections and your actual surgical date. During this time there are several important considerations:

- **Practice proper skincare.** Practicing good skincare is an important factor in your overall appearance and the quality of your skin. This includes gentle cleansing morning and evening, proper moisture and daily use of a broad spectrum sunscreen, whether you are expecting outdoor sun exposure, or just the incidental exposure of daily life. Proper skincare is also important to help you maintain your results. Special recommendations for your skincare include: _____

- **Good nutrition.** Eat well during the weeks prior to your treatment. Crash dieting, over-eating or high alcohol intake can greatly affect your overall health and well-being. A healthy, balanced diet is essential. Also, begin taking the following supplements daily:
 - **Vitamin C 500mg**
 - **Multivitamins**
- **Stop smoking.** Smoking can greatly impair your ability to heal. You must be nicotine and smoke-free for at least 4 weeks prior to your treatment. You must also be free of any nicotine patch or nicotine-based products for a minimum of 4 weeks prior to your treatment.
- **Lead a healthy lifestyle.** In the weeks prior to your treatment maintain the best of health and hygiene. A lingering cold, virus or other illness can result in your treatment being rescheduled. Make certain to address any illness immediately, and advise our office of any serious illness or change in your health.
- **Prepare and plan.** Schedule any time off of work, and any support you will need at home in the days following your treatment, including housework, childcare, shopping and driving. Make certain a responsible adult is enlisted and confirmed to drive you to and from appointment, and that someone is confirmed available to stay with you around the clock for at 24 hours, following your treatment.
- **Pre-treatment.** Make certain to schedule all of the pre-procedure treatments as prescribed: _____

- **Fill your prescriptions:** Some pain medication prescriptions may need to be filled ON THE DAY these prescriptions are written. Our office will advise you accordingly.

STOP taking the following for the duration before your procedure. Taking any of the following can increase your risk of bleeding and other complications:

- Aspirin and medications containing aspirin
- Ibuprofen and anti-inflammatory agents
- Vitamin E
- St. John's Wort
- Garlic Supplements
- Green Tea or green tea extracts
- Estrogen supplements
- All other medications indicated
- Herbal Medications

(You can always go to our website www.cliniquedallas.com and look for a list of medications to avoid.)

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- **Pre-operative clearance and information:** If they have not been completed and results filed with our office make certain to undergo **ALL** pre-treatment testing. (Refer to the **Pre-surgical Lab and Testing Orders** form).
 - Make certain all test results are received by Dr. John W. Antonetti as required. If medical clearance is required and not yet received, your procedure may be cancelled at **your cost**.
 - **Vital information:** A pre-treatment visit or call is essential to review your health, your goals, and any vital information including allergies and health considerations.

ONE (1) WEEK BEFORE YOUR PROCEDURE

- **Confirm your day of procedure plans.** This includes your transportation and after-care (a responsible adult for the first 24 hours, around the clock).
- **Review your prescription orders and instructions.**
- **Shop for necessary post-procedure items:** These may include:

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- **Confirm all lab results and paperwork** have been received by Dr. John W. Antonetti, if you have not already done so.
 - **Continue to practice healthy habits**, nutrition and fitness. No strenuous exercise. No saunas, hot tubs, steam baths or mud wraps. **No smoking or alcohol.**
 - **Find your comfort zone.** Locate the most comfortable place where you can gently recline and recover. You don't want to be testing locations or pillows the day of your treatment. Shop for magazines, books and other things to keep you busy and entertained in the day or two.

ONE DAY BEFORE YOUR PROCEDURE

- **Pack your bag for the day of your procedure.** This should include:
 - ✓ All paperwork

- ✓ Your identification
- ✓ Large-framed dark tinted sunglasses
- ✓ A wide brimmed hat or light scarf
- ✓ Warm, clean cotton socks
- ✓ Saltines or other crackers in case of nausea during your ride home

- **Shower as directed.** Use an anti-bacterial, fragrance-free soap. Shampoo your hair. Do not use any hair gel or other styling products, scented skin creams or moisturizers. Do not use any deodorant, hair spray, perfume or cosmetics. Remove all finger nail and toe nail polish.

IF YOU WILL UNDERGO INTRAVENOUS SEDATION OR GENERAL ANESTHESIA

- **Expect a pre-anesthesia call to review your state of health and anesthesia.**
- **Confirm your route to and from your appointment, with the responsible adult who will drive you.** Also confirm plans with your 24-hour support person and make certain he or she has all of your post-operative instructions.
- **Do not eat or drink anything after 12 midnight.** No candy, gum, or mints. Anything more than a small amount of water as needed for brushing teeth or swallowing medication may result in the need to cancel the procedure.

THE DAY OF YOUR PROCEDURE

- **Dress appropriately.**
 - **Do not wear cosmetics, jewelry of any kind, contact lenses, hair clips, body piercing:** (If there is something you cannot remove, let the admitting nurse know right away.)
 - **Wear comfortable, clean, loose-fitting clothing:** Wear only a top that zips or buttons up the front. Do not wear pullovers, turtlenecks, or any tight-fitting top or bottom. You may wear a robe. Wear slip on shoes. Wear clean cotton socks, as the operating room can feel cool.

IF YOU WILL UNDERGO INTRAVENOUS SEDATION OR GENERAL ANESTHESIA

NOTHING by mouth. Anything more than a small amount of water as needed for brushing teeth or swallowing medication may result in the need to cancel the procedure. This includes candy, gum, and mints.

I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask my doctor and his or her staff any questions I have related to these instructions or about my procedure, health and healing.

Patient Signature: _____ Date: _____

Printed Name of Patient: _____

Signature of Practice Representative and Witness: _____