



# CHEEK + TIRED EYE TREATMENT FOR UNDER-EYE REJUVENATION AFTERCARE AND CONSENT FORM

## Procedural Description

The **Cheek + Tired Eye Treatment** is a combined approach using either **Hyaluronic Acid (HA) filler** or **PRF EZ Gel** in the under-eye area, alongside HA filler in the cheeks, to restore volume, reduce the appearance of tired, sunken eyes, and enhance overall mid-face harmony. Volume loss in the cheeks and under-eye regions can lead to sagging, deeper nasolabial folds, and pronounced hollows under the eyes. By rejuvenating both areas, this treatment provides a refreshed, youthful look and improves facial balance.

Depending on individual anatomy and desired outcomes, this procedure typically requires **2-4 syringes** of filler.

## Treatment Options

- **Hyaluronic Acid (HA) Filler:** HA filler is used to restore volume and contour, offering immediate, natural-looking results that hydrate and smooth the treated areas.
- **PRF EZ Gel:** Derived from your own blood, PRF EZ Gel combines the regenerative properties of Platelet-Rich Fibrin with serum albumin to create a gel-like consistency. This natural option provides volume while stimulating collagen production for long-term rejuvenation.

## Treatment Areas

- **Cheeks:** Restores volume, enhances cheek contours, and provides foundational lift to the mid-face.
- **Under-Eyes:** Reduces hollows and shadows to create a more refreshed, well-rested appearance.

## Procedure Details

- **Products Used:** Hyaluronic acid-based dermal fillers and/or PRF EZ Gel.
- **Technique:** Customized injection techniques tailored to individual anatomy and aesthetic goals.
- **Duration:** Approximately 60-90 minutes.
- **Anesthesia:** Topical numbing cream may be applied to enhance comfort.

## Pre-Treatment Instructions

- **Avoid Blood Thinners:** Refrain from blood-thinning medications and supplements (e.g., aspirin, ibuprofen, fish oil, vitamin E) for at least 7 days prior, unless otherwise directed by your healthcare provider.

- **Avoid Alcohol and Smoking:** Limit alcohol and avoid smoking for 48 hours before treatment to reduce bruising risks and support healing.
- **Cold Sore Precaution:** If you have a history of cold sores, please inform your provider for potential preventive care.
- **Hydrate:** Drink plenty of water leading up to your appointment to support optimal results.
- **Arrive with Clean Skin:** Please arrive with no makeup on to ensure a sterile treatment environment.

## Post-Treatment Instructions

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- **Avoid Touching or Rubbing:** Refrain from touching or rubbing the treated areas for at least 24 hours.
- **No Makeup:** Avoid applying makeup on or around the treatment areas for 24 hours to minimize infection risks.
- **Stay Hydrated:** Continue to drink water, as hyaluronic acid fillers retain hydration and support volume retention.
- **Cold Compresses:** Apply a cold compress gently if you experience swelling or bruising.
- **Avoid Strenuous Activity:** Avoid intense exercise, saunas, hot tubs, and direct sun exposure for 48 hours post-treatment.
- **Sleep on Your Back:** Sleeping on your back with your head slightly elevated can help reduce swelling.

## Potential Risks and Complications

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**As with any injectable procedure, there are potential risks and side effects associated with both HA filler and PRF EZ Gel for the cheeks and under-eye area, including but not limited to:**

- **Bruising and Swelling:** Mild bruising and swelling are common and usually resolve within a few days.
- **Tenderness or Discomfort:** Temporary tenderness or discomfort may occur at the injection sites.
- **Asymmetry:** Minor asymmetry may occur, which may require follow-up for adjustment.
- **Lumps or Nodules:** Small lumps or bumps may form in the treated areas; these typically resolve on their own or with gentle massage.
- **Infection:** Although rare, any injection carries a risk of infection. Following aftercare instructions minimizes this risk.
- **Allergic Reactions:** Allergic reactions to hyaluronic acid or numbing agents are rare but possible.
- **Vascular Complications:** Filler injections near blood vessels carry a rare risk of obstructing blood flow, which can lead to tissue damage.
- **Temporary Volume Reduction (specific to PRF EZ Gel):** PRF EZ Gel may reduce in volume by approximately 50% over 4-6 weeks as the body absorbs the fibrin matrix. Additional treatments may be recommended for desired results.

## Expected Results and Maintenance

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- **Natural-Looking Enhancement:** This treatment is designed to restore natural volume to the mid-face and under-eye areas, enhancing facial balance and achieving a refreshed appearance.
- **Gradual Improvement:** Results are visible immediately, with full effects becoming apparent over 1-2 weeks as swelling subsides and the filler or PRF EZ Gel settles.
- **Longevity:** HA filler results typically last 6-12 months, while PRF EZ Gel results may require additional maintenance sessions every 9-12 months.

## Contraindications

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This treatment is not suitable for individuals who:

- **Are Pregnant or Breastfeeding:** Injectable fillers and PRF EZ Gel are not recommended during pregnancy or lactation.

- **Have Severe Allergies to Filler Ingredients:** Please inform your provider if you have any known allergies to hyaluronic acid or lidocaine.
- **Have Active Skin Infections or Conditions:** Such as active acne, cold sores, or inflammation in the treatment area.
- **Prone to Keloid Scarring:** Individuals with a history of keloid or hypertrophic scarring should consult with the provider.
- **Have Certain Medical Conditions:** Including blood clotting disorders, autoimmune disorders, or other significant health issues that could impact healing. Please discuss your medical history with your provider.

## Consent to Clinical Photography

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For documentation purposes and to track progress, photographs may be taken before and after your procedure. These images are confidential and will be used solely for clinical records and treatment evaluation. They will not be used for marketing or educational purposes without separate, explicit consent.

## WRITTEN CONSENT

By signing below, I confirm that I have read and fully understand this consent form for the Cheek + Tired Eye Treatment for Under-Eye Rejuvenation. I acknowledge the potential risks, benefits, and aftercare requirements and agree to follow all recommended aftercare instructions. I confirm that I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction. I consent to the administration of the Cheek + Tired Eye Treatment by the trained professionals at Honey Skincare Studio, using either HA filler or PRF EZ Gel, as discussed and recommended by my provider.

PRINTED NAME:

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SIGNATURE:

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DATE:

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