COMFORT LASER CENTER

Comfortable treatments. Beautiful transformations.

CO_2 ADVANCED LASER RESURFACING

PRE-PROCEDURE AND ORAL SEDATION INSTRUCTIONS

Please review these instructions carefully. Following them will help support a safe, comfortable treatment and appropriate recovery. Individualized directions from your prescribing medical provider take priority over this general document.

APPOINTMENT INFORMATION

Procedure date	_____
Arrival time	_____
Scheduled procedure time	_____

Please arrive approximately 60 minutes before your scheduled procedure unless the clinical team provides a different arrival time. This allows time for check-in, consent, photographs, and skin preparation.

ORAL SEDATION MEDICATION INSTRUCTIONS

Prescribed medication	

IMPORTANT — TAKE THE SEDATION MEDICATION AT THE INSTRUCTED TIME

Take your oral sedation medication at the instructed time. You will take the medication at 30 minutes prior to your procedure.

For most patients, the safest process is:

1. Bring the medications with you in its original prescription container.
2. Complete check-in, photos, consent, and paperwork.
3. After the clinical team completes the check in process, you will be instructed to take your medications.
4. Oral sedation is commonly given approximately 30 minutes before treatment; the exact timing depends on the prescribed medication and your individualized plan.

MEDICATION SAFETY

- Take only the medication and dose prescribed specifically for you.
- Do not take an additional dose unless the prescribing medical provider personally directs you to do so.
- Do not transfer the prescriptions to another container.
- Do not combine oral sedation with alcohol, cannabis, sleeping medications, muscle relaxants, sedating antihistamines, or other substances that cause drowsiness unless the prescribing medical provider has approved the combination.
- Tell the clinical team immediately if you took the medication early, took more than prescribed, or used another sedating substance.

SAFETY WARNING

A responsible adult must be present before you take your medication. You may not drive after taking oral sedation.

TRANSPORTATION AND ADULT SUPERVISION

- A responsible adult must drive you to and from the appointment.
- You may not drive yourself home or leave alone by taxi, rideshare, or public transportation.
- Your driver must be available when you are ready for discharge.
- A responsible adult should remain with you for at least the first several hours after you return home.
- For 24 hours after sedation, do not drive, operate machinery, drink alcohol, return to work, make important legal or financial decisions, or participate in activities requiring full coordination or judgment.

Responsible adult	_____
Relationship	_____
Telephone number	_____

Your procedure may need to be rescheduled if appropriate transportation and adult supervision have not been arranged.

EATING AND DRINKING

A small, light, non-greasy meal is permitted 2 hours prior to your procedure (e.g., Yogurt, slice of toast, cup of oatmeal, etc.).

- Take your routine morning medications (e.g., blood pressure pill, etc.).
- Do not independently stop prescription medicines, blood thinners, aspirin, diabetes medicines, or supplements. Follow the directions of the medical provider managing those medicines.

MEDICATIONS AND HEALTH INFORMATION

Before treatment, notify the clinical team about:

• All prescription and over-the-counter medicines	• Vitamins, herbs, and dietary supplements
• Blood thinners or medicines that affect bleeding	• Opioids, anxiety, sleep medicines, or muscle relaxants
• Diabetes or weight-management medicines	• Medication allergies or previous reactions
• Pregnancy, possible pregnancy, or breastfeeding	• Sleep apnea, snoring, CPAP, or BiPAP use
• Heart, lung, liver, kidney, or neurologic conditions	• Previous difficulty with anesthesia or sedation
• Cold sores, fever blisters, or herpes history	• Recent fever, cough, illness, rash, or skin infection
• Any recent change in your health	• Any new or recently changed medication
• Use of Accutane (must stop 6 months prior)	• Use of retinoids (must stop 2 weeks prior)

SKIN PREPARATION

- Avoid sun exposure and tanning before treatment (must avoid 2 weeks prior).
- Do not use self-tanning products on the treatment area.
- Follow the medical provider's directions regarding retinoids, exfoliating products, acids, scrubs, waxing, or other irritating skin treatments (generally avoid 7-14 days prior).
- Tell the medical provider about open sores, cold sores, rash, infection, or significant skin irritation.
- On the day of treatment, wash your face gently and arrive with clean skin.
- Do not apply makeup, mascara, eye makeup, moisturizer, oils, perfume, or other facial products.
- Remove contact lenses before treatment.
- Wear comfortable clothing that does not need to be pulled over the treated area.

BEFORE LEAVING HOME CHECKLIST

☐ I followed the eating and drinking instructions.	☐ I took only medications approved by the medical provider.
☐ I ensured my prescribed sedation medication in its original container to bring with me.	☐ I arranged for a responsible adult driver.
☐ I arranged for adult supervision after the procedure.	☐ I removed makeup and facial products.
☐ I removed contact lenses, when applicable.	☐ I brought a current medication list.
☐ I obtained the recommended aftercare supplies.	

Recommended aftercare supplies include a gentle tear-free facial cleanser, Aquaphor® or another medical provider-approved healing ointment, clean baby washcloths or soft gauze, and any prescriptions provided by the medical provider.

CONTACT COMFORT LASER CENTER BEFORE YOUR APPOINTMENT IF

- You develop a fever, cough, respiratory illness, cold sore, rash, or skin infection.
- You begin a new medication or your medical condition changes.
- You take the sedation medication earlier than directed, take an incorrect dose, or combine it with another sedating substance.
- You no longer have a responsible adult available to drive you home and supervise you.
- You have any questions about which medications to take or when to take them.

COMFORT LASER CENTER
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PATIENT ACKNOWLEDGMENT

I have reviewed the CO_2 laser pre-procedure and oral sedation instructions. I understand that I must take the prescribed sedation medication only at the time and dose directed by the medical provider. I understand that I may not drive after taking the medication and must have a responsible adult transport and supervise me.

Patient name	_____
Patient signature	_____
Date	_____
Clinical team member	_____