



AESTHETICS & WELLNESS

HYDROQUINONE

Use: Lightens dark patches on the skin. Topical (on the skin) application.

When This Medicine Should Not Be Used: This medicine is not right for everyone. Do not use it if you had an allergic reaction to hydroquinone or sulfites.

How to Use This Medicine:

- Do not use more than directed: twice a day.
- Use this medicine only on your skin. Rinse it off right away if it gets on a cut or scrape. Do not get the medicine in your eyes, nose, or mouth.
- Wash your hands with soap and water before and after you use this medicine.
- After you wash your face, apply a thin layer of the medicine to the affected area. Rub it in gently.
- Missed dose: Apply a dose as soon as you can. If it is almost time for your next dose, wait until then and apply a regular dose. Do not apply extra medicine to make up for a missed dose.
- Store the medicine in a closed container at room temperature, away from heat, moisture, and direct light.
- **Avoid using retinol when using this medication.**

Warnings While Using This Medicine:

- Tell your practitioner if you are pregnant or breastfeeding, or if you have asthma.
- Cover the treated skin with a mineral-based sunscreen or clothing.
- Call your practitioner if your symptoms do not improve or if they get worse.
- Do not use this medicine to treat a skin problem your practitioner has not examined.
- Keep all medicine out of the reach of children. Never share your medicine with anyone.

Possible Side Effects While Using This Medicine:

Call your practitioner right away if you notice any of these side effects:

- Allergic reaction: Itching or hives, swelling in your face or hands, swelling or tingling in your mouth or throat, chest tightness, trouble breathing
- Intense itching, blistering, swelling, or blue-black darkening of your skin

If you notice these less serious side effects, talk with your practitioner:

- Mild redness or stinging

If you notice other side effects that you think are caused by this medicine, tell your practitioner. Call your practitioner for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088

Duration of treatment: _____

- _____ I have had each item explained to me
- _____ I was given an opportunity to ask questions, and
- _____ I have had all of my questions answered.

I hereby release my nurse practitioner, the facility and the doctor from liability associated with this medication. My signature below acknowledges that I have read and understand the purpose of this drug. I understand that this is an elective medication, prescribed solely for cosmetic purposes, and is not critical to my health. I assume all risks as my own and agree to hold harmless, Aria Aesthetics and Wellness, PLLC and their providers, and any other staff member, affiliate, or independent contractor. I hereby release them from any liability, both seen and unforeseen, now and forever.

Patients or Legal Guardian's Signature: _____ Date: _____