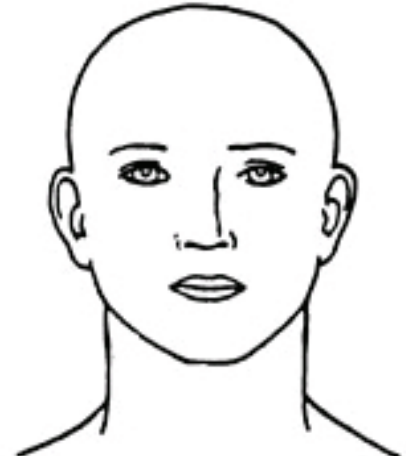


FILLER NOTE

- Not pregnant or breastfeeding
- No prior allergic reaction to filler substance

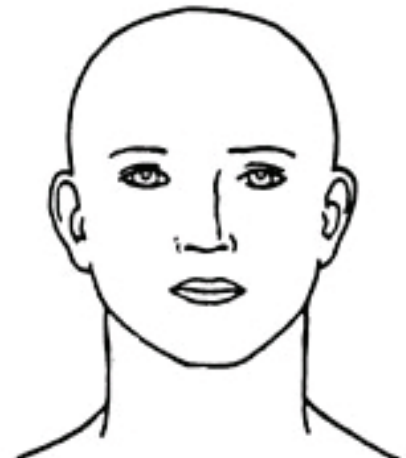


| | | |
|---|---|---------|
| DATE: | TREATMENT # | Filler: |
| P: | Stickers | |
| RR: | | |
| B/P | Treatment: | |
| <input type="checkbox"/> Consent Obtained | <input type="checkbox"/> Risks discussed: off label usage, bruising, incomplete response, asymmetry, pain, bleeding, etc. | |
| <input type="checkbox"/> Topical Anesthesia | <input type="checkbox"/> EtOH skin prep | |
| | <input type="checkbox"/> Ice for anesthesia and hemostasis | |
| | Total volume used: _____ cc | |
| Y / N Using Advil, Aleve, ASA, Coumadin, Plavix, Vit E, Ginkgo | Post Op: | |
| | <input type="checkbox"/> No massage, cool compress for swelling | |
| | <input type="checkbox"/> Complications: _____ | |
| | <input type="checkbox"/> Next Tx: | |



Attending Signature: _____ Date: _____ Time: _____

| | | |
|---|---|---------|
| DATE: | TREATMENT # | Filler: |
| P: | Stickers | |
| RR: | | |
| B/P | Treatment: | |
| <input type="checkbox"/> Consent Obtained | <input type="checkbox"/> Risks discussed: off label usage, bruising, incomplete response, asymmetry, pain, bleeding, etc. | |
| <input type="checkbox"/> Topical Anesthesia | <input type="checkbox"/> EtOH skin prep | |
| | <input type="checkbox"/> Ice for anesthesia and hemostasis | |
| | Total volume used: _____ cc Volume Remaining _____ cc | |
| Y / N Using Advil, Aleve, ASA, Coumadin, Plavix, Vit E, Ginkgo | Post Op: | |
| | <input type="checkbox"/> No massage, cool compress for swelling | |
| | <input type="checkbox"/> Complications: _____ | |
| | <input type="checkbox"/> Next Tx: | |



Attending Signature: _____ Date: _____ Time: _____