

Injectable Product Worksheet

Patient _____

Date _____

Injector: Karol A Gutowski, MD Sydney Kerckaert, RN

Allergy & Medical Update: _____

HSV Prophylaxis _____

Results after Last Injection: _____

Neuromodulator

__ Botox __ Dysport __ Xeomin __ Jeuveau
Dilution A __ U/ 0.1 mL
Dilution B __ U/ 0.1 mL

For first time injections

__ Limitations discussed
__ Duration of results explained
__ Risk & complications discussed
__ Pictures taken
__ Aftercare instructions given
__ Bellafill skin test negative

Filler

__ Bellafill [BLF] __ Belotero [BTO] __ Radiesse [RAD]
__ Restylane [RST] __ Restylane Silk [SLK] __ Restylane Lyft [LFT]
__ Defyne [DFN] __ Refyne [RFN] __ Versa [VER]
__ Juvederm Ultra [JUV] __ Juv Ultra Plus [JUP]
__ Volbella [VBL] __ Vollure [VLR] __ Voluma [VOL]
__ Kybella [KYB] __ Sculptra [SCL] _____ cc/vial

Anesthetic

__ None
__ 1% Lido + Epi at sites
__ Nerve block
__ Topical
__ Ice

Injection ____ G Needle ____ G Microcannula

Treatment outcomes: _____

Complications: _____

Product Stickers

Additional Notes

