

Injectable Product Worksheet

Patient _____ Date _____

Injector: Gutowski MD Martin MD Kerckear RN _____

Allergy & Medical Update: _____ HSV Prophylaxis _____

Results after Last Injection: _____

Neuromodulator ____ G Needle

BOTOX Dilution A ____ U/ 0.1 mL Dilution B ____ U/ 0.1 mL

DYSPORT Dilution A ____ U/ 0.1 mL Dilution B ____ U/ 0.1 mL

XEOMIN Dilution A ____ U/ 0.1 mL Dilution B ____ U/ 0.1 mL

Filler

Bellafill [BLF] _____ G Needle _____ G Cannula

Belotero [BTO] _____ G Needle _____ G Cannula

Radiesse [RAD] _____ G Needle _____ G Cannula

Versa [VER] _____ G Needle _____ G Cannula

Restylane [RST] _____ G Needle _____ G Cannula

Juvederm [JUV] _____ G Needle _____ G Cannula

RHA [RHA] _____ G Needle _____ G Cannula

Sculptra [SCL] _____ cc/vial _____ G Needle _____ G Cannula

Kybella [KYB] _____ G Needle _____ G Cannula

Treatment outcomes: _____

For first time injections

Limitations discussed

Duration of results explained

Risk & complications discussed

Pictures taken

Aftercare instructions given

Bellafill skin test negative

Anesthetic

1% Lido + Epi at sites

Nerve block

Topical

Vibration

Ice

None

Product Stickers

Injection Notes

