

Injectable Product Worksheet

Patient _____ Date _____ Injector _____

Allergy & Medical Update _____

Neuromodulator

___ BOTOX Dilution A ___ U/.01 mL Dilution B ___ U/.01mL
___ DYSPORT Dilution A ___ U/.01 mL Dilution B ___ U/.01mL
___ XEOMIN Dilution A ___ U/.01 mL Dilution B ___ U/.01mL
100 U in 1 mL = 10 U/0.1 mL then, dilute 1:1.5 = 4 U/0.1 mL
100 U in 1 mL = 10 U/0.1 mL then, dilute 1:1 = 5 U/0.1 mL
100 U in 1 mL = 10 U/0.1 mL then, dilute 1:3 = 2.5 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 or Stimulator

___ Bellafill [A] ___ Radiesse [Rd]
___ Belotero [B] ___ Restylane [R]
___ Juvederm Ultra [J] ___ Restylane Silk [RS]
___ Juvederm Ultra Plus [J+] ___ Restylane Lyft [RL]
___ Voluma [V] ___ Sculptra [S] ___ cc/vial
___ Kybella [K]

Injection

___ G Needle
___ G Microcannula

Anesthetic

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

Treatment outcomes: _____

Complications: _____

Product Stickers

Additional Notes

