

# Dermal Filler Procedure Notes

Name: \_\_\_\_\_

DOB:

<b>Date:</b>	Yes	No	S O S= Subjective O= Objective
Changes in medications/allergies?	*		<input type="checkbox"/> R/B/C/A for procedure discussed and all questions answered
Pregnant or nursing?			<input type="checkbox"/> Written pre and post tx instructions given to patient and reviewed.
Changes in health status?	**		<input type="checkbox"/> Consent signed in chart.
			<input type="checkbox"/> Photos taken: Yes/No
			<input type="checkbox"/> Other:
<b>Procedure:</b> Prepped site with alcohol			<b>Post-procedure:</b>
<input type="checkbox"/> Lidocaine 1%/2% with/without epinephrine buffered/not buffered was injected using a 30G 1/2 inch needle.			<input type="checkbox"/> Patient tolerated procedure
<input type="checkbox"/> SQ in 0.1 ml amounts adjao to tx area for a total of _____ mL			<input type="checkbox"/> Bruise noted
<input type="checkbox"/> Intraoral lip mucosa in 0.1 ml amounts for a total of _____ mL			<input type="checkbox"/> Applied cold compress to reduce swelling.
<input type="checkbox"/> Intraoral upper lip ring block injections in 2 sites: lateral to the frenulum and lateral to the canine tooth, submucosal at the gingivobuccal margin, for atotal of _____ mL bilaterally.			
<input type="checkbox"/> Intraoral lower lip ring block injections in 2 sites: lateral to the frenulum and lateral to the first buccal tooth, submucosal at the gingivobuccal margin, for a total of _____ mL.			
<input type="checkbox"/> Topical anesthetic: BLT _____ g for _____ mins			
Type of dermal filler used: <input type="checkbox"/> _____, volume _____ mL			
<input type="checkbox"/> _____, volume _____ mL			

First

A/P: Contour defect/volume loss \_\_\_\_\_ (areas)

Notes:



\*See Medication and Allergy List \*\*See below

☐ See narrative progress notes

Performed by:

<b>Date:</b>	Yes	No	S O S= Subjective O= Objective
Changes in medications/allergies?	*		<input type="checkbox"/> Smile lines/ Nasolabial folds
Pregnant or nursing?			<input type="checkbox"/> Vertical lip lines
Changes in health status?	**		<input type="checkbox"/> Marionette lines/Corners of mouth
			<input type="checkbox"/> Lip enhancement: <input type="checkbox"/> body <input type="checkbox"/> border <input type="checkbox"/> upper <input type="checkbox"/> lower
			<input type="checkbox"/> Other:
<b>Procedure:</b> <input type="checkbox"/> Prepped site with alcohol			<b>Pre-procedure:</b>
<input type="checkbox"/> Lidocaine 1%/2% with/without epinephrine buffered/not buffered was injected using a 30G $\frac{1}{2}$ " inch needle.			<input type="checkbox"/> R/B/C/A for procedure discussed and all questions ans.
<input type="checkbox"/> SQ in 0.1ml amounts adjacent to tx area for a total of _____ mL			<input type="checkbox"/> Written pre and post tx instructions given to patient and reviewed.
<input type="checkbox"/> Intraoral lip mucosa in 0.1 ml amounts for a total of _____ mL			<input type="checkbox"/> Consent signed in chart.
<input type="checkbox"/> Intraoral upper lip ring block injections in 2 sites: lateral to the frenulum and lateral to the canine tooth, submucosal at the gingivobuccal margin, for a total of _____ mL bilaterally.			<input type="checkbox"/> Photos taken: Yes/No
<input type="checkbox"/> Intraoral lower lip ring block injections in 2 sites: lateral to the frenulum and lateral to the first bicuspid tooth, submucosal at the gingivobuccal margin, for a total of _____ mL			<input type="checkbox"/> Other:
<input type="checkbox"/> Topical anesthetic: BLT _____ g for _____ mins			<b>Post-procedure:</b>
Type of dermal filler used:	<input type="checkbox"/> _____, volume _____ mL		<input type="checkbox"/> Patient tolerated procedure _____
	<input type="checkbox"/> _____, volume _____ mL		<input type="checkbox"/> Bruise noted _____
			<input type="checkbox"/> Applied cold compresses to reduce swelling.

A/P: Contour defect/volume loss (areas)

Notes:



\*See Medication and Allergy List \*\*See below

☐ See narrative progress notes

Performed by:

