

Revanesse® Family of Products Record of Consultation

NOTES

The use, benefits and side effects of the Revanesse® family of products have been explained to me, and I understand all the information provided. I have consulted my physician, and have correctly answered all questions regarding my medical history.

I understand that the potential adverse effects of these products may include:

- ▶ Inflammatory reactions, such as redness in the injected area.
- ▶ Swelling or nodules at the injection site.
- ▶ Very rare cases of discolouration, necrosis of the glabella, abscess, granuloma or hypersensitivity have been reported.

Contraindications include:

- ▶ Women who are pregnant/breastfeeding
- ▶ Areas of infectious skin problems
- ▶ Persons susceptible to hypertrophic scarring or autoimmune disease

I consent to injection of:

- | | |
|---|---|
| <input type="checkbox"/> Revanesse® | <input type="checkbox"/> ReDexis® |
| <input type="checkbox"/> Revanesse Ultra® | <input type="checkbox"/> ReDexis Ultra® |
| <input type="checkbox"/> Revanesse Pure® | |

Name of Patient
(Please Print)

Name of Doctor
(Please Print)

Patient Signature

Doctor's Signature

Revanesse®
Family of Products

Record of Patient Treatment
and Consultation

Revanesse

Name: _____

Address: _____

City: _____

State: _____ Zip/Postal Code: _____

Date of Birth: _____ / _____ / _____
month / day / year

Informed Consent > yes no

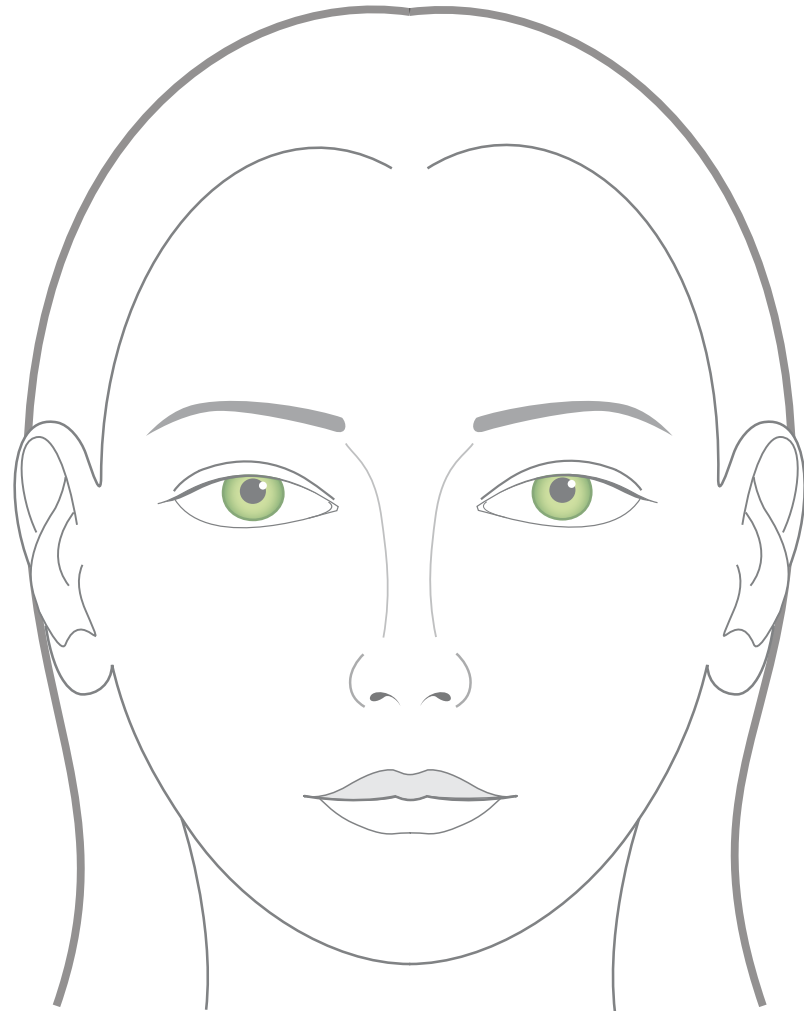
Sex > m f

Treatment Site(s)

	1	2	3
Date			
Area			
Volume			
Results			
Remarks	3		
	2		
	1		

Results

- ✓✓✓ excellent
- ✓✓ good
- ✓ satisfactory
- no difference
- ✗ worse



Lot No. from syringes

— 1.

PLACE STICKER HERE

— 2.

PLACE STICKER HERE

Indicate points of injection by drawing directly on the face. Number the injection site(s) to correlate with chart.