COSMETICS & AESTHETICS

Cosmetic injectable treatment

Blank documentation outlines. Adapt to the encounter and your practice requirements; complete only findings and care actually documented.

ENCOUNTER

Patient name:

Date of birth:

Date and time of encounter:

Clinician:

PRE-PROCEDURE REVIEW

Indication, treatment areas and patient goals

Interval history, medications, allergies and risk assessment

Baseline findings and photographs if obtained

Product-specific risks, benefits, alternatives and off-label use discussed if applicable

Consent and site verification

TREATMENT RECORD

Product name and manufacturer

Lot number and expiration date

Preparation or dilution if applicable

Site, laterality, amount and unit for each injection

Total amount administered and amount discarded

Technique and equipment actually used

Anesthetic if used

POST-PROCEDURE ASSESSMENT

Immediate findings and patient response

Adverse events and management if any

Aftercare, warning symptoms and contact instructions discussed

Follow-up timing