



LAHPA

ESRS

ESSENTIAL STEPS TO REACH SUCCESS
AESTHETIC BUSINESS GUIDE



AUSTRALIAN
COSMETIC
CLINICS ESTD 2024

Legal, Ethical and Cultural Issues in Relation to Aesthetic Care

Within the world of cosmetic aesthetics, the boundaries within aesthetics is not very clear, because aesthetic treatments are basically determined by the choice of patients to improve their self-image, self-esteem and appearance. Therefore, robust ethical, legal, and cultural issue considerations are essential for aesthetic practitioners for the safe delivery of aesthetic treatments to patients. In addition, all practicing aesthetic practitioners must maintain:

- Signed-facial injectable treatment consent form
- Clients' medical history records
- Facial injectable information sheets
- Facial injectable clients' treatment records
- Maintain the Clients' health and follow-up records
- Maintain and uphold the confidentiality and privacy of all patients at all times.

Furthermore, social and cultural factors can influence the health beliefs and behaviours of certain patients. Therefore, aesthetic practitioners must be aware and consider the cultural issues of patients in relation to the aesthetic care of patients, such as

- Language barriers
- Religious differences
- Unfamiliarity with the concept of aesthetics settings.
- Clients' distrust towards the of aesthetics care services/clinicians.
- Personal experiences/past trauma

Assessment of the Face

- Ensure you have good lighting
- When taking photographs ensure you take photographs at rest and with dynamic expressions
- To mark muscles correctly ensure your patient is seated in an upright position or only slightly reclined to best observe facial expression.
- Never** position your patient in a supine position.
- Treatment should always be comfortable to encourage repeat visits and referral of future potential patients.
- Use of PPE must be worn at all times
- Hand hygiene must be performed at all times
- Remove any makeup from the patient with appropriate solution
- Always re-assess the muscle prior to injection and consider the injection depth and angle.

PATIENT SAFETY

Amendments to the Poisons and Therapeutic Goods Regulation 2008 have come into effect on 1st September 2021, to improve the safety of the use of cosmetic medicines in NSW.

New Requirements Under the Regulation

The new regulation will:

- prohibit a person other than an authorised practitioner, or a nurse acting under the direction of a medical practitioner or nurse practitioner, from administering cosmetic medicines (An authorised practitioner includes a medical practitioner, nurse practitioner or dentist). (AHPRA, *Fact sheet on injectables* 2021).
- require a medical practitioner or nurse practitioner to personally review the patient (including via audio-visual link) before authorising administration of the cosmetic medicines. (AHPRA, *Fact sheet on injectables* 2021).
- if the cosmetic medicine is administered by a nurse, require records of the direction to be made and kept by the medical practitioner or other authorised practitioner. (AHPRA, *Fact sheet on injectables* 2021).
- if the cosmetic medicine is administered by a nurse, require records of the administration to be made and kept by the nurse administering on the direction of a medical practitioner or nurse practitioner. (AHPRA, *Fact sheet on injectables* 2021).
- set storage requirements on the occupier of the premises where cosmetic medicines are stored. (AHPRA, *Fact sheet on injectables* 2021)
- require businesses that provide services using cosmetic medicines to keep records made by the medical practitioner or other authorised practitioner, and by the nurse administering on the direction of a medical practitioner or nurse practitioner. (AHPRA, *Fact sheet on injectables* 2021).
- require businesses that provide services using cosmetic medicines to have appropriate risk management policies and procedures in place to protect the

health and safety of patients; appropriate equipment for use in a patient medical emergency; and to ensure that nurses are adequately trained for patient medical emergencies. (AHPRA, *Fact sheet on injectables 2021*).

- require businesses that provide services using cosmetic medicines to ensure that the regulations are complied with. (AHPRA, *Fact sheet on injectables 2021*).

Please be aware that there are penalties for breaching the regulation within NSW.

Penalties for Breaching the Regulation

A breach of the regulation is an offence with a maximum penalty of between \$5,500 to \$22,000 and/or imprisonment for 6 months for an individual, and between \$27,500 and \$110,000 for a body corporate.

These restrictions do not apply where the administration is undertaken by an authorised practitioner themselves or by an employee in a hospital acting on an authorised practitioner's direction. (AHPRA, *Fact sheet on injectables 2021*).

As per the regulation please see below the list of cosmetic medicines under the regulation within NSW.

What Are Deemed Cosmetic Medicines Under the Regulation

Cosmetic medicines include:

- botulinum toxins
- calcium hydroxyapatite
- collagen
- deoxycholic acid
- hyaluronic acid and its polymers

- polyacrylamide
- polycaprolactone
- polylactic acid.

(AHPRA, *Fact sheet on injectables 2021*)

SETTING UP YOUR CLINIC

The following list will show what consumables and equipment you require to successfully set up your aesthetics clinic.

Consumables

- Adjustable treatment table / portable treatment table
- Hand sanitiser
- Gloves Nitrile / vinyl
- Disposable plastic aprons
- Relevant documentation such as – Medical history forms, Consent forms, Patient assessment forms, Treatment forms etc, or a paperless system
- Secure storage for documentation.
- Digital Thermometer
- Photography tablet / camera
- Disposable Headbands
- Skin prep / sterets
- Gauze swabs
- Eyeliner pencils for facial marking
- 2-3ml syringes
- 8mm 0.5ml insulin syringes
- 21 – 23g hypodermic needles
- Sharps bin (cytotoxic lid colour)

- Clinical Waste Bin
- Medical Fridge

Prescription Items

- Botulinum Toxin Type A
- Bacteriostatic Saline 0.9%
- Dermal Filler
- Hyalase

Emergency Kit

- Adult Resus facemask 2 x Adrenaline
- 1:1000/1ml ampoules Aspirin 75mg
- tabs Antihistamine Tablets Normal
- saline for injection Saline eyewash 2 x
- 2ml leur-lok syringes 2 x 10ml leur-lok
- syringes 23g needles 30g needles
- Glucose Tablets Pen / notepad
- Hyalase Protocol
-
-
-
-
-

STORAGE AND MANAGEMENT OF ANTI WRINKLE INJECTABLES

- Unopened Botox® must be stored in a fridge 2 – 8 degrees Celsius or a freezer -5 to -20 degrees Celsius.
- Hyaluronidase must be stored at a cool temperature 2–8°C,
- Expiry dates must be checked and recorded

- ❑ Fridge temperatures must be checked and recorded for auditing purposes
- ❑ Once reconstituted Allergan SPC approved storage time is 24hrs refrigerated.
- ❑ DO NOT freeze BOTOX® after reconstituted as ice crystals can affect its potency
- ❑ Store after reconstituted in a medical fridge at 2 – 8 degrees Celsius.
- ❑ Residual Botox® should be inactivated with 0.5% hypochlorite.
- ❑ Used vials should be autoclaved or disposed of in a sharps bin (purple lid).
- ❑ Once the hyaluronidase ampoule is opened, hyaluronidase should be used immediately, and any unused contents discarded (Hyalase® SPC).

. (AHPRA, *Fact sheet on injectables* 2021).

PREPARE FOR SUCCESS

- ❑ Prompt service for your patients and or potential patients is essential. If your patient has to wait more than 2 weeks for a Botox® injection, then this is too long, and your potential patient will go elsewhere. Always remember word of mouth when it comes to business is a very powerful thing.
- ❑ Introduce a reminder or pre-booking system for repeat treatments and follow up care
- ❑ Offer flexible scheduling inclusive of mornings lunchtime, out of hours and weekends to accommodate 9 – 5 workers.

ADVERTISING PRESCRIPTION ONLY MEDICATION (POM)

- ❑ AHPRA requires that there must always be a clear RISK LABEL e.g. always seek a second opinion or message wherever any invasive procedure is discussed. This is inclusive of your photos, Facebook, social media, website etc.

. (AHPRA, *Fact sheet on injectables* 2021).

- Before and after photos must not be misleading. All photos must have consistent lighting, good photo techniques, similar background, similar posture and clothing etc.
- Explicit finance offers or links to offers from finance companies are PROHIBITED. Please see AHPRA finance guideline.
- Inducements to surgery are not allowed under the RACS code of conduct for surgeons. This includes specials, deals and offers for surgeries. However it is ok for non-surgical skin treatments.
- Rewarding referrers for their patient referrals is PROHIBITED. Especially medical referrers.
- Anti-wrinkle treatments is deemed acceptable as a collective term for both prescription only and non-prescription only treatments.
- Prescription Only Medications (POM) may not be advertised to the public.
- Hashtags are considered part of the advertisement.
- Promoting and mentioning of prescription drug names, nicknames or products like Botox®, Dysport®, Juvéderm etc is NOT ALLOWED by TGA.
- Drug brand names, Generic drug names and ingredients e.g. botulinum toxin, hyaluronic acid even the word collagen are also PROHIBITED.

. (AHPRA, *Fact sheet on injectables* 2021).

BUSINESS ADVICE

- Establish malpractice insurance cover **BEFORE** you commence injecting. AIMA will advise you regarding this.
- Set up account with Allergan - email australianenquiries@allergan.com
- Organise prescription service. AIMA will advise you regarding this.
- Set up your website

- Create social media presence on Facebook, Instagram but adhere to advertising restrictions of POM
- Social media advertising
- Premises – Rent / lease / work in collaboration or purchase

USEFUL ORGANISATIONS

Aesthetic Insurance

Sparrow Insurance

Aesthetic Suppliers

Allergan Aesthetics

Galderma

Organisations

CPCA – Cosmetic Physicians College of Australasia

CNA – Cosmetic Nurses Association

ACE - Aesthetic Complications Experts

CMAC - Complications in Medical Aesthetics Collaborative

FACECOACH - www.facecoach.com

Aesthetic MET - 1800 AMET AU (1800 26 38 28). 24/7 support for all Aesthetic Practitioners www.aestheticmet.com.au

USEFUL DOCUMENTATION FOR BUSINESS

Appendix 1 – Patient Information Sheet PATIENT INFORMATION SHEET

ANTIWRINKLE (BOTULINUM TOXIN TYPE-A)

Appendix 2 – Patient Information Sheet Dermal Fillers

Appendix 3 – Consent, Consultation, Patient History, Face Mapping and Photography Form

Appendix 4 – Dermal Filler Dissolving Treatment and Consent Form

Appendix 5 – Medical History Form

Appendix 6 – New Customer Registration /Photography Consent Form

COURSE COMPLETION

Congratulations on successfully completing the Combined Anti-Wrinkle and Dermal Filler Injection Course – Advanced eLearning component. You will be awarded with your AIMA aesthetics certificate of completion, which is issued at the end of the day on day two when you attend face to face training.

PATIENT INFORMATION SHEET

ANTIWRINKLE (BOTULINUM TOXIN TYPE-A)

Antiwrinkle products contain botulinum toxin type-A and most cosmetic treatments using these products are aimed at relaxing facial muscles. These treatments temporarily reduce and smooth frown lines and other wrinkles.

The 3 main brands available in Australia are approved for the indication of moderate to severe glabellar lines (frown lines) as well as lateral canthal lines (crow's feet) in adults, however both products can be used to treat other areas of the face and neck. Treatment for migraines and hyperhidrosis (excessive sweating) are also possible and may have been discussed with your practitioner.

Both brands are combined with human serum albumin, which acts as a stabiliser. Albumin is routinely used in many vaccines such as the measles, mumps and rubella vaccine, chicken pox vaccine and others and there have been no reports of any infections transmitted from the albumin.

Initial results with antiwrinkle products are often not seen until 3 – 4 days following treatment and maximum effect may take 2 - 3 weeks for some individuals. The duration of effect lasts approximately 3 - 4 months but lessens over that time. Treatment effects are temporary and should be repeated approx. 3 - 4 times a year for best results. Results will vary for each person and will depend on the dose administered as well as individual patient differences.

The most frequent side effect reported after treatment of the glabellar region is headache; other side effects may include discomfort, burning, itching, redness or bruising at the injection site, temporary drooping of the eyebrows or eyelids, double vision, dry eyes, nausea or flu-like symptoms. All side effects are temporary and, in the case of eyelid drooping, generally resolve spontaneously within 2 - 4 weeks.

Following treatment patients should be gentle if they need to touch the treated area. Direct pressure or massage should be avoided as this may cause the products to spread further than anticipated and increase the chance of untoward side effects such as drooping of the eyebrows or eyelids. Avoid exercise or any activities that would result in sweating including exposure to heat.

Antiwrinkle treatments are not recommended for pregnant or breast-feeding women, patients who have had a previous allergic reaction to botulinum toxin type-A or any ingredients in the products or patients with a medical condition of a neuro-muscular type such as myasthenia gravis. Treatments should not be administered if there is any sign of infection at the proposed injection site and caution should be exercised in patients taking blood thinning medication

PATIENT INFORMATION SHEET

DERMAL FILLER (HYALURONIC ACID)

Dermal fillers are sterile gels that consist of stabilised hyaluronic acid (HA). Dermal fillers are injected into the deeper layers of tissue to create volume as well as into more superficial layers of skin to correct lines, wrinkles and folds and restore elasticity. Dermal fillers are often used to sculpt lips, volumise cheeks and contour the face.

The effects of dermal fillers can last 6—12 months, but this period may vary from person to person and depends on the area treated and the volume injected and type of dermal filler used. Follow-up treatment may be necessary to create and maintain the desired effect.

There are risks involved when injecting areas with underlying sensitive structures such as nerves and blood vessels or when treating wrinkles around the eye area. Temporary side effects related to injections can occur and may include swelling, redness and tenderness. There have also been isolated reports of small lumps developing at the treatment sites, if injection into the skin or tissues of the face is too superficial, and these bumps may persist for several months.

Inflammatory reactions have been reported in rare cases and they manifest with redness, swelling and induration at the injection site, which can at times affect surrounding tissue. Reactions of this type can arise either a few days, weeks or months after injection. These reactions are generally mild to moderate and self-limiting with an average duration of two weeks. In rare cases, reactions have been recurrent and have lasted for several months and may require medical assessment and treatment including dissolving the HA filler with hyaluronidase injections.

Viral diseases, such as Herpes Simplex virus (cold sores) may be triggered by injections in those that are susceptible. In very rare cases, dermal fillers have impaired circulation to the tissues and resulted in skin necrosis or tissue death. This first appears as a pale or blanched area of skin which then becomes greyish and mottled. Swelling and pain occurs which is followed by blistering and wound breakdown.

Permanent scarring may occur if the impaired circulation is not identified and dissolved promptly. Stroke and blindness have also been reported in the literature and are the rarest of complications. These events have occurred when a tiny particle of dermal filler has been accidentally injected into an artery, has travelled through the circulatory system and become lodged in a vessel in the brain or behind the eye. Current statistics according to the literature identify 53 cases of blindness due to hyaluronic acid dermal fillers (Chatrath, et al. 2019).

Most dermal fillers contain a local anaesthetic agent similar to the numbing agents used by dentists. The numbness caused may result in diminished sensation to pain and temperature in the treated area for approximately two hours post treatment. Individuals with a known allergy to this product or similar agents must not receive treatments containing these ingredients.

Chatrath, V., Banerjee, P., Goodman, G., & Rahman, E. (2019). Soft-tissue Filler-associated Blindness: A Systematic Review of Case Reports and Case Series. *Plastic and Reconstructive Surgery - Global Open*, 7(4). doi: 10.1097/gox.0000000000002173

PATIENT INFORMATION AND MEDICAL HISTORY

Name _____ Date: _____
 Address _____ City _____ State _____ Post Code _____
 Home Phone _____ Mobile: _____ E-mail Address _____
 Date of Birth _____ Age _____ Sex _____

HISTORY

Please check if you have had the following:

Diabetes _____	Irregular menses _____
Hepatitis _____	Heart problems _____
Herpes _____	Hypertension _____
	Photosensitive Disorder _____
	Autoimmune illness _____

Are you under the care of a physician? _____
 Current/Recent medications _____

		If yes explain
Keloid scars	Yes _____	No _____
Hives	Yes _____	No _____
Skin Cancer	Yes _____	No _____
Waxing	Yes _____	No _____
Electrolysis Cold Sores	Yes _____	No _____
Hypersensitivity to skin products	Yes _____	No _____
Skin Infections	Yes _____	No _____
Tanning within the last 6 wks	Yes _____	No _____
Use of acne products/drugs	Yes _____	No _____
Laser skin resurfacing Chemical Peels	Yes _____	No _____
Photo sensitizing substances	Yes _____	No _____
Laser work of any type	Yes _____	No _____

Medical Illness. _____
 Are you pregnant? _____
 Allergies of any kind including drugs _____
 Areas of interest for aesthetic treatment _____

Requested Area of Treatment:

BOTOX

Frown lines (between the eyes) _____
 Horizontal forehead lines _____
 Crow's Feet _____
 Bunny lines (bridge of nose) _____
 Droopy Eyebrow _____

Filler

Lip Augmentation. _____
 Nasolabial folds. _____
 Marionette Lines. _____
 Vertical Lip Lines _____
 Scar fill-in _____

PATIENT _____ Date: _____

DATE OF BIRTH _____ EMR #: _____

ADDRESS _____ PHONE: _____

The purpose of this informed consent form is to provide written information regarding the risks, benefits and alternatives of the procedure named above. This material serves as a supplement to the discussion you have with your doctor/healthcare provider. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your doctor/healthcare professional prior to signing the consent form.

THE TREATMENT

Treatment with dermal fillers (such as Juvederm, products, Voluma, Vollure, XC Ultra & Ultra Plus, Vobella) can smooth out facial folds and wrinkles, add volume to the lips, and contour facial features that have lost their volume and fullness due to aging, sun exposure, illness, etc. Facial rejuvenation can be carried out with minimal complications. These dermal fillers are injected under the skin with a very fine needle. This produces natural appearing volume under wrinkles and folds which are lifted up and smoothed out. The results can often be seen immediately but may expand within 1-4 weeks to final fullness effect. **Initial** _____

RISKS AND COMPLICATIONS

Before undergoing this procedure, understanding the risks is essential. No procedure is completely risk-free. The following risks may occur, but there may be unforeseen risks and risks that are not included on this list. Some of these risks, if they occur, may necessitate hospitalization, and/or extended outpatient therapy to permit adequate treatment. It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to: 1) Post treatment discomfort, swelling, redness, bruising, and discoloration; 2) Post treatment infection associated with any transcutaneous (skin) injection; 3) Allergic reaction; 4) Reactivation of herpes (cold sores); 5) Lumpiness, visible yellow or white patches; 6) Granuloma formation; 7) Localized necrosis and/or sloughing, with scab and/or without scab if blood vessel occlusion occurs. **Initial** _____

PREGNANCY AND ALLERGIES

I am not aware that I am pregnant. I am not trying to get pregnant. I am not lactating (nursing). I do not have or have not had any major illnesses which would prohibit me from receiving dermal fillers. I certify that I do not have multiple allergies or high sensitivity to medications, including but not limited to lidocaine. **Initial** _____

ALTERNATIVE PROCEDURES

Alternatives to the procedures and options that I have volunteered for have been fully explained to me. **Initial** _____

PAYMENT

I understand that this is an "elective" procedure and that payment is my responsibility and is expected at the time of treatment. **Initial** _____

RIGHT TO DISCONTINUE TREATMENT

I understand that I have the right to discontinue treatment at any time. **Initial** _____

PHOTOGRAPHY MATERIALS

I authorize the taking of clinical photographs and videos and their use for scientific and marketing purposes before and after treatments.

Initial _____

RESULTS

Dermal fillers have been shown to be safe and effective when compared to collagen skin implants and related products to fill in wrinkles, lines and folds in the skin on the face. Their effect can last up to 12-18 months. Most patients are pleased with the results of dermal fillers use. However, like any esthetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that wrinkles and folds will disappear completely, or that you will not require additional treatment to achieve the results you seek. The dermal filler procedure is temporary and additional treatments will be required periodically, generally within 4-6 months, involving additional injections for the effect to continue. I am aware that follow-up treatments will be needed to maintain the full effects. I am aware the duration of treatment is dependent on many factors including but not limited to: age, sex, tissue conditions, my general health and life style conditions, and sun exposure. The correction, depending on these factors, may last up to 12 months and in some cases shorter and some cases longer. I have been instructed in and understand the post-treatment instructions. **Initial** _____

I understand this is an elective procedure and I hereby voluntarily consent to treatment with dermal fillers for facial rejuvenation, lip enhancement, establish proper lip and smile lines, and replacing facial volume. The procedure has been fully explained to me. I also understand that any treatment performed is between me and the doctor/healthcare provider who is treating me and I will direct all post-operative questions or concerns to the treating clinician. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history I will notify the doctor/healthcare professional who treated me immediately. I also state that I read and write in English.

Patient Name (Print)

Patient Signature

Date

I am the treating doctor/healthcare professional. I discussed the above risks, benefits, and alternatives with the patient. The patient had an opportunity to have all questions answered and was offered a copy of this informed consent. The patient has been told to contact my office should they have any questions or concerns after this treatment procedure.

RN Name (Print)

RN Signature

Date

Date: _____ Patient Name: _____

Patient Treatment Chart for Botox & Filler

Injection pattern

___ Photos (before)
___ BOTOX / DYSPORT

LOT NUMBER# _____

Areas Treated	Units Used
1. Glabellar	_____
2. Frontalis	_____
3. Crows Feet	_____
4. _____	_____

Total Areas treated: _____

Total Units used: _____

___ Photos (after)



___ Photos (before)
___ DERMAL FILLER _____

LOT NUMBER# _____

___ DERMAL FILLER _____

LOT NUMBER# _____

Areas Treated	Units Used
1. Parentheses (smile) lines	_____
2. Lip Line	_____
3. Corner Lines	_____
4. Marionette lines	_____
5. Thin Lips	_____

Total Areas treated: _____

Total Units used: _____

___ Photos After



ITEM	UNIT COST	TOTAL FEE
BOTOX	_____	_____
DERMAL FILLER	_____	_____
		TOTAL \$ _____

Patient SignatureX _____ Provider signature _____

INJECTABLE PRE-INSTRUCTIONS AND INFORMATION

1. To decrease the incidence of bruising and bleeding, refrain from all blood-thinning medications and supplements 14 days before an injectable filler treatment. Please consult with your Doctor before ceasing any regular medication. If you need to take something for the relief of minor aches or pains, YOU MAY TAKE PANADOL (Paracetamol). Please refer to your medication sheet for a comprehensive list. If you have any questions, please call our office, and speak with your provider.
2. Please avoid any alcohol for 48 hours before your injectable treatment.
3. If you tend to bruise easily, begin taking homeopathic Arnica 2 days before treatment (used to reduce bruising and swelling) or Arnica Montana as directed which is found at Whole Foods and Vitamin Stores.
4. Ice Compress are used throughout the procedure for your comfort and to help minimize swelling and bruising.

Medication/Supplements to Avoid

1-Week Prior to Botox Treatment AND 2 Weeks Prior to an injectable Filler Treatment

Advil	Celebrex	Goody's	Persistin
Aleve	Cheracol Capsules	Heparin	Phentemine
Allegra	Chlortrimeton	Ibuprofen	Phenylebutazone
Alka-Seltzer	Clinoril	Indocin	Pontel
Alka-Seltzer Plus	Congesprin Chewable	Indomethacin	Propoxyphene Compound 65
Anacin	Cope Tablets	Ianorinal	Robaxisal
Anaprox	Coumadin	Lioresal	Rufen
Anadynos	CP-2 Tablets	Lortab	Ru-Tuss
Ansaid	Damason-P	Lovenox	S.A.C.
A.P.C.	Darvon Compound	Magan	Saleto
Argesic	Darvon Compound-65	Magsal	Salocal
Arthropan Liquid	Darvon N with A.S.A.	Marnal	Sine Aid
Arthritis Pain Formula	Darvon w/A.S.A.	Maximum Bayer Aspirin	Sine-off Sinus Medicine
Arthritis Strength Bufferin	Pulvules	Measurin	Sinutab
A.S.A.	Di-gesic	Medomem	SK-65 Compound
A.S.A. Enseals	Disaloid	Methcarbamol w/Aspirin	Stanback
Ascriptin	Dolobid	Micrainin	Stendin
Ascriptin A/D	Dolprin	Mobidin	St. Joseph's Aspirin for Kids
Ascriptin w/Codine	Dristan	Midol	St. Joseph's Cold Tablets
Ascriptin Extra Strength	Durasal Tablets	Mobigesic	Sulindac
Asperbuf	Easprin	Momentum Muscular	Surmontil
Aspergum	Ecotin	Backache Formula	Synalgos
Aspirin	Efficin	Motrin	Tagamet
Atromid	Elavil	Mystecoln F	Talwin Compound
Axotal	Emagrin	Nalfon	Tenuate Dospan
Axolid	Empirazil	Naprosyn	Tetracycline
Bayer Aspirin	Empirin with Codeine	Neocylate	Tolectin
Bayer Aspirin Maximum	Encaprin	Nicobid	Tometin
Bayer Children's Aspirin	Endep	Norgesic	Triaminicin
Bayer Children's Cold	Equagesic Tablets	Norgesic Forte	Triavil
Bayer Time-Release	Etrafon	Nuprin	Trigesic
B.C. Tablets and Powder	Excedrin	Oraflex	Trilisate Tablets & Liquids
Buff-a-Comp	Feldene	Orudis	Tumeric
Buff-a-Comp No. 3	Florinal	Pakalate-SF	Uracel
Buffets II	Flagyl	Pamelor	Vanquis
Buffinol	Flexeril	Pamate	Verin
Buf-Tabs	Four-Way Cold Tablets	Pepto-Bismol Tablets	Vibramycin
Butazolidin	Gaysal-S	Pepto-Bismol Suspension	Voltaren
Cams Arthritis Pain Reliever	Gelprin	Percodan	Wine/Alcohol
Carisoprodol	Gemnisin	Persantine	Zomax
			Zorprin

HERBAL SUPPLEMENTS

Billberry (vaccinum myrtillus)	Cayenne (capsicum annum)	Chia Seeds
Cumin	Dong QuaL (angelica alnensis)	Echinacea (Echinacea augusifolia)
Feverfew (tanacetum paithenium)	Fish Oil (Omega 3)	Flax Seed
Garlic (allium sativum)	Ginger (zingiber officinate)	Ginko Biloba
Ginseng (panax ginseng/panax quinquefolium)	Hawthorne (crataegus laevigata)	Kava Kava (piper methysticum)
Licorice Root (glycyrrhiza glabra)	Ma Huang (ephedra sinica)	Melatonin
Red Clover (trifolium pretense)	St. John's Wart (hypericum peforatum)	Valerian (valerian officinalis)
Vitamin E	Yohimbe (corynanthe yohimbe)	

- Any questions on Medication/Supplements to avoid, please call your provider.

Dermal Filler Dissolving Treatment Consultation & Consent Form

Client Details

Full Name: _____

Date of Birth: / /

Contact Number: _____

Medical History

Are you currently taking any medications? Yes No

If Yes, Please list: _____

Do you have any allergies? Yes No

If Yes, Please list: _____

Are you pregnant, planning a pregnancy or breastfeeding? Yes No

If Yes, Please specify: _____

Do you have a history of severe allergy / anaphylaxis? Yes No

If Yes, Please specify: _____

Do you have any medical conditions? Yes No

If Yes, Please specify: _____

Treatment Information

What's involved?

Hyaluronic acid dermal fillers can be dissolved using an enzyme called Hyaluronidase. This enzyme naturally occurs in our skin but can be injected at higher concentrations in order to rapidly remove unwanted filler. The enzyme is a powder that is mixed with saline and then this solution is injected directly into the area where the filler has been placed, dissolving any unwanted dermal filler. The procedure can be repeated if needed. The filler will be broken down and will disappear in a matter of minutes. However, the results of the treatment are usually only apparent after 24 hours (once any swelling has gone down).

If your filler is non-hyaluronic acid, then this treatment will not work. Non-hyaluronic acid fillers cannot be dissolved and can only be surgically removed.

How many sessions?

Our aim is to inject the minimum necessary dose of enzyme to dissolve the unwanted filler, but not to dissolve natural hyaluronic acid in the skin. For this reason, we only inject small

quantities of enzyme per treatment. This means that more than one treatment may be required in order to fully remove the unwanted filler.

Is it painful?

Dissolving filler is not painful. We provide numbing cream, numbing injections and skin cooling to minimise any discomfort.

Side effects

As with any injection, it is possible that you may experience some redness, swelling, tenderness and bruising. These may take a 2-3 days to resolve and bruises sometimes longer. We advise that you don't plan treatments around important commitments and allow at least 2 weeks between treatment and an important social or work event.

How to prepare

We recommend that you avoid taking blood thinning tablets such as aspirin or ibuprofen (unless prescribed by your doctor) for 3 days prior to treatment. We also advise avoiding alcohol intake for 24 hours prior to treatment. It is also important that you are available for follow-up after treatment, so we recommend not to book injectable treatment if you are travelling in the next two weeks.

Consent

- I accept that any treatment I am going to receive is at my own risk.
- I certify that I have read and fully understood and completed this form to the best of my knowledge.
- I understand that failure to disclose information requested above may result in adverse side effect(s) and therefore I accept full liability/responsibility for the information given.
- The treatment(s) and possible side effect(s) have been fully explained to me.
- I accept full responsibility for the treatment given and complications which may arise or result during or following any procedure that is performed at my request.
- I accept that if I am not satisfied with the treatment I will inform the practitioner and/or request to speak to the manager during or immediately following the treatment.
- I fully understand the above and consent to receive a Dermal Filler Dissolving treatment.

Signature:.....

Medical History

Client Details

Full Name: _____

Date of Birth: _____

Email: _____

Contact Number: _____

Doctor's Name: _____

Doctor's Telephone: _____

Doctor's Address: _____

Medical History

Have you any history of the following conditions (past or present):

Heart conditions / Pacemaker Yes No

If Yes, Please give details: _____

Circulatory disorders / DVT Yes No

If Yes, Please give details: _____

Diabetes Yes No

If Yes, Please give details: _____

Skin disorders Yes No

If Yes, Please give details: _____

Kidney problems Yes No

If Yes, Please give details: _____

Swelling / Oedema Yes No

If Yes, Please give details: _____

Haemophilia Yes No

If Yes, Please give details: _____

Cancer Yes No

If Yes, Please give details: _____

Limitation of body movement / Arthritis Yes No

If Yes, Please give details: _____

Keloid scarring Yes No

If Yes, Please give details: _____

Hormone imbalance Yes No

If Yes, Please give details: _____

Stroke Yes No

If Yes, Please give details: _____

Claustrophobia Yes No

If Yes, Please give details: _____

Hepatitis Yes No

If Yes, Please give details: _____

Metal plates / Pins / Piercings Yes No

If Yes, Please give details: _____

Recent scar tissue / Surgery Yes No

If Yes, Please give details: _____

Respiratory problems Yes No

If Yes, Please give details: _____

Allergies / Intolerances Yes No

If Yes, Please give details: _____

High/Low Blood pressure Yes No

If Yes, Please give details: _____

Epilepsy Yes No

If Yes, Please give details: _____

Operation(s) within the last 6 months Yes No

If Yes, Please give details: _____

Are you currently pregnant (or is there a possibility you may be pregnant)? Yes No

If Yes, Please give details: _____

Medication / Previous Treatments

Are you currently taking, or have you previously taken, any of the following medications?

Steroids Yes No

If Yes, Please give details: _____

Retinol or Roaccutane Yes No

If Yes, Please give details: _____

Prescribed medication Yes No

If Yes, Please give details: _____

Non-prescription medication Yes No

If Yes, Please give details: _____

Vitamins / Supplements Yes No

If Yes, Please give details: _____

Have you previously had any of the following treatments:

Ultra violet exposure Yes No

If Yes, Please give details and the date you received the treatment: _____

Botox or Dysport Injections Yes No

If Yes, Please give details and the date you received the treatment: _____

Dermal Filler Treatment Yes No

If Yes, Please give details and the date you received the treatment: _____

ANY ADDITIONAL NOTES / COMMENTS:

Declaration

I declare that the information I have provided above is correct. I will inform the clinic if I develop any new medical conditions or if there is any change in my medical history. I certify that the information I have provided in this form is full and accurate to the best of my knowledge.

Client's Signature:.....

New Customer Registration

Client Details

Title: _____
First Name: _____
Last Name: _____
Address: _____

State / Post Code: _____
Email: _____
Phone (Home): _____
Phone (Mobile): _____
Date of Birth: _____

How did you hear about us? *(Please tick)*

- Recommendation
 Advertisement
 Social media
 Search engine (Google, Bing, Yahoo etc.)
 Other

If Other, please specify: _____

How would you like us to contact you? *(Please tick)*

- Phone
 Text
 Email
 Mail
-

Photography

Please tick the relevant statements if you give us permission to take photographs of your treatment(s).

- I give permission for my photograph(s) to be used within the salon for display / educational purposes
 I give permission for my photograph(s) to be used within other printed publications
 I give permission for my photograph(s) to be used on the salon's social media pages / website
 I do not wish to have my photograph taken

Signature:.....