Check List for Fillers

Check the box that applies:

o Silhouette Instalift or threading performed in the areas to being treated

o No Makeup

o Allergies to filler or lidocaine

o Surgery or medical procedure in the area to be treated

o Dental cleaning, dental procedure, or colonoscopy 2 weeks before or after procedure

o No history of herpes in the area being treated

o No active infection in the area

o No blood thinner (Advil, Aspirin, Vitamin E, Fish oil, Gingko, Ginseng, garlic, Coumadin, Plavix etc..) 7 days before or 3 days after

o Vaccination 2 weeks before or 2 weeks after treatment

o Pregnant or breastfeeding

o No facial laser or chemical peels 2 weeks after filler injection

o Auto immune disease: (lupus) or any other auto immune conditions

o Prosthetic valve or any prosthesis

o Biologic or immune suppressive treatment currently

o History of atrial fibrillation or cardiac conditions

o Recently infected with Covid 19 in the last 2-months

o Any history of Hepatitis or HIV

o Previous Accutane use

o Malignancy /Chemotherapy

o Hepatitis B&C

o Keloid Predisposition

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Medical Assistant Date