

FOLLOW UP SHEET

Dr.

Patient..... Record No.

Age..... Date

Medical Background: Diabetes..... HTA..... Infections..... Hepatitis..... Allergies.....

Medication: Anticoagulants.....Cimetidine/Cinarizine.....

Previous cosmetic surgery:.....

Treatment areas:

PREVIOUS		QUANTITY	LOT No.	RETOUCH DATE	QUANTITY	LOT No.
	FOREHEAD					
	NOZE					
	EARS					
	CHEEKS					
	LIPS					
	WRINKLES IN LIPS					
	NASOGENIAN					
	LABIO-GENIAN					
	CHIN					
	JAW					
	SCARS					
	HANDS					
	HOLLOWED CHEST					
	BUTTOCKS					
	GENITALS					
	LOWER LIMBS					
	LIPODYSTROPHY					
	FOREHEAD					

Level of satisfaction:

Patient	NONE	POOR	GOOD	VERY GOOD	EXCELLENT
Physician	NONE	POOR	GOOD	VERY GOOD	EXCELLENT

Complications.....