Patient Information

Patient Name: Date: Treating Doctor Name:

Health History Completed? Yes □ No □ Date: Doctor Initial:

Dental / Head and Neck Examination Completed? Yes □ No □ Date: Doctor Initial:

Informed Consent Completed? Yes □ No □

Diagnosis ICD-10 Codes (Check all that apply)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| □ M26.00 Anomalies of jaw size  □ M26.12 Maxillary asymmetry  □ K08.109 Loss of teeth | □ M26.9 Dentofacial anomalies  □ K13.0 Diseases of lips  □ S01.551 Cheek/Lip biting  □ K08.419 Loss of teeth trauma  □ M26.12 Jaw asymmetry  □ M26.50 Dentofacial abnormal funct  **Muscle Filler Volume**  **Used Used ml**   |  |  |  | | --- | --- | --- | | **(R) Nasolabial Fold** |  |  | | **(L) Nasolabial Fold** |  |  | | **(R) Marionette Line** |  |  | | **(L) Marionette Line** |  |  | | **Upper Lip** |  |  | | **Lower Lip** |  |  | | **(R) Oral Comm** |  |  | | **(L) Oral Comm** |  |  | | **Philtrum** |  |  | | **(R) Cheek** |  |  | | **(L) Cheek** |  |  | |  |  |  | | **Kybella** |  |  | | □ Other  □ Other  □ Other |



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