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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