



ACADEMY
FACE AND BODY

TREATMENT AUTHORISATION

PATIENT DETAILS

Name: _____

Address _____

Indicate below if any of the following apply to you:

Contraindications

Myasthenia Gravis (neuromuscular disorder) Yes No

Eaton Lambert Syndrome (autoimmune disorder) Yes No

Infection at the injection site Yes No

Precautions

Pregnancy Yes No

Breastfeeding Yes No

Indicate below if any of the following apply to you:

Contraindications

History of Anaphylaxis Yes No

Hypersensitivity to Lignocaine Yes No

Untreated Epilepsy Yes No

Porphyria (enzyme disorder) Yes No

Precautions

Pregnancy Yes No

Breastfeeding Yes No

Presence of permanent dermal filler in same area Yes No

Autoimmune disease Yes No

Anticoagulants (ie. Fish oils, aspirin, NSAIDs) Yes No

Nodules / Granulomas / Abnormal lumps Yes No

Threads / Thread Lift / Facial Surgery Yes No

Known Allergies: _____

I have viewed the Injectable Information Video

Signed _____ Date _____