

Healthy Living & Longevity Medical Center

Function Higher—Physically, Mentally, Sexually®

Restylane™, Juvederm™ Ultra, Juvederm™ Ultra-Plus Medical History Form

Directions: Please check the appropriate response and explain any Yes answer.

Currently on immunosuppression therapy, e.g. Prednisone Yes No _____

History of severe allergy or multiple severe allergies Yes No _____

Current sinus trouble or infection Yes No _____

Active skin lesions in treatment area Yes No _____

History of “cold sores” (herpes simplex virus) on face Yes No _____

Aspirin or non-steroidal anti-inflammatory medicine use in the last 48 hours Yes No _____

Allergy to local anesthetics, e.g., Lidocaine Yes No _____

Allergy to materials, e.g., Latex Yes No _____

Allergy to bacterial protein from gram positive bacteria Yes No _____

Family history or history of keloid or hypertrophic scarring (abnormal scars) Yes No _____

Print Name

Patient signature

Date

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