

MERZ AESTHETICS™

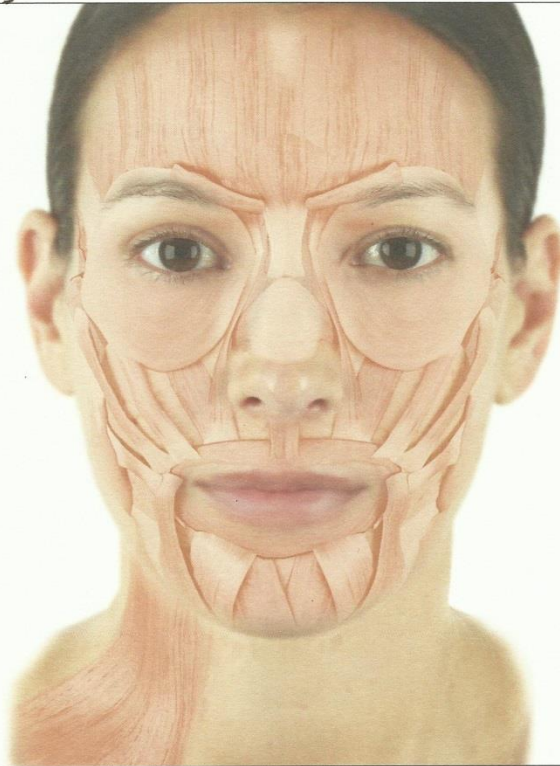
TREATMENT RECORD

Patient Name / ID:

Date of Injection:

Anesthesia:

Product:



Lot Number:

Expiration Date:

(mL) diluent

Product size / total amount used:

Total per Treatment Area:

Notes/ Lot Stickers:

Practitioner Signature: