

**INJECTABLE SUPPLEMENTAL APPLICATION**

**Please Complete this section for ALL people performing Injectable services:**

**RPN = REGISTERED PRACTICAL NURSE**

**RN = REGISTERED NURSE**

**NP = NURSE PRACTITIONER**

**D = DOCTOR**

NAME	YEARS OF EDUCATION	YEARS OF EXPERIENCE	DO THEY HAVE OWN INSURANCE FOR THIS SERVICE	PROVIDE DESIGNATION AS ABOVE	ADVISE FT, PT, OR CONTRACT

**PLEASE CHECK APPLICABLE SERVICES & ADVISE WHO PERFORMS SERVICE (RPN, RN, NP, D – AS NOTED ABOVE)**

**\*\*\* Means this injection must be performed by Doctor**

<input type="checkbox"/> Aquamid***	<input type="checkbox"/> Belkya Deoxycholic	<input type="checkbox"/> Belotero Balance***
<input type="checkbox"/> Bio-Alcamid***	<input type="checkbox"/> Bioinblue	<input type="checkbox"/> Botox – Vistabel
<input type="checkbox"/> Botox/Dysport/Xeomin/ Azzalure/Neurobloc Bocouture	<input type="checkbox"/> Dermadeep***	<input type="checkbox"/> Dermalive
<input type="checkbox"/> Elastence	<input type="checkbox"/> Emervel Lips/Volume Classic	<input type="checkbox"/> Esthelis Basic/Soft/Glycerol
<input type="checkbox"/> Evolence	<input type="checkbox"/> Evolution***	<input type="checkbox"/> Hydra-Fill 1/2/3/Softline/Softline Max
<input type="checkbox"/> Hylaform / Fineline / Plus	<input type="checkbox"/> IAL-System	<input type="checkbox"/> Juvederm Ultra (24)
<input type="checkbox"/> Juvederm Ultra XC	<input type="checkbox"/> Juvederm Ultra Plus (30)	<input type="checkbox"/> Juvederm Ultra Plus XC
<input type="checkbox"/> Juvederm Refine	<input type="checkbox"/> Juvederm Volift/Volbella	<input type="checkbox"/> Juvederm Vollure XC
<input type="checkbox"/> Laresse	<input type="checkbox"/> Matridex***	<input type="checkbox"/> Matridur
<input type="checkbox"/> Nuceiva	<input type="checkbox"/> Outline	<input type="checkbox"/> Phiderma SR
<input type="checkbox"/> Princess Volume / Princess Fillers	<input type="checkbox"/> Puragen / Puragen Plus	<input type="checkbox"/> Radiesse
<input type="checkbox"/> Ravenesse	<input type="checkbox"/> Ravenesse Ultra	<input type="checkbox"/> Redexis
<input type="checkbox"/> Redexis Ultra***	<input type="checkbox"/> Restylane/Touch/Perlane/Lipp (Restylane Lidocaine/Vital)	<input type="checkbox"/> Restylane Lip Volume / Refresh
<input type="checkbox"/> Restylane SubQ / Restylane Lyft / Restylane Kysse / Restylane Refyne / Restylane Defyne / Restylane Volyme / Restylane Skin Boosters	<input type="checkbox"/> Reviderm Intra***	<input type="checkbox"/> Sculptra (Poly L Lactic Acid)
<input type="checkbox"/> Stylage(S/M/L/XL/Special Lips/Hydromax)	<input type="checkbox"/> Surgiderm 18/24XP/30/30XP/Surgilips	<input type="checkbox"/> Surgilift Plus
<input type="checkbox"/> Teosyal Global Action/Touch Up/First Lines/Deep Lines/Kiss/Ultra Deep/Pure Sense/Redensity	<input type="checkbox"/> Teosyal Voluma	<input type="checkbox"/> Teoyal Pure Sense Ultimate
<input type="checkbox"/> Voluma	<input type="checkbox"/> Viscontour	<input type="checkbox"/> Zyderm 1/2/Zyplast
<input type="checkbox"/> Mesotherapy	<input type="checkbox"/> Platelet Rich Plasma <small>Please have PRP Supplemental Application completed</small>	

List any other injections offered that are not noted above: \_\_\_\_\_

Has the company had claims against them in the last 5 years?

☐ YES ☐ NO

Has any staff (including contract staff) had claims against them in the last 5 years?

☐ YES ☐ NO

**If yes to either of the above questions, please list full details on the cover page.**