



DOCTOR

My injecting, prescribing and/or supervising DOCTOR is certified one of these:

- American Board of Plastic Surgery
- American Board of Otolaryngology and American Board of Facial Plastic & Reconstructive Surgery
- American Board of Ophthalmology with specialization in Ophthalmic Plastic & Reconstructive Surgery
- American Board of Dermatology with specialization in Cosmetic or Dermatologic Surgery

My injecting, prescribing and/or supervising DOCTOR is a member of one or more of these groups:

- American Society for Aesthetic Plastic Surgery
- American Society of Facial Plastic and Reconstructive Surgeons
- American Society of Ophthalmic Plastic Surgeons
- American Society of Plastic Surgeons
- American Society for Dermatologic Surgery

If a nurse or physician's assistant is injecting all of these things are true:

- I have first seen a DOCTOR whose specialty is defined above
- The laws regarding cosmetic injections in the state where I will be injected are defined to me by the DOCTOR
- I know where the prescribing/supervising DOCTOR will be during my injections
- The nurse has demonstrated competency in performing cosmetic injections with a certificate issued by the supervising DOCTOR's professional specialty organization (one of the below):
 - American Society for Aesthetic Plastic Surgery
 - American Society of Facial Plastic and Reconstructive Surgeons
 - American Society of Ophthalmic Plastic Surgeons
 - American Society of Plastic Surgeons

BRAND

All of these statements are true:

- My injector has defined the FDA approved BRAND or BRANDS of cosmetic injectable recommended for me
- My injector has shown me the BRAND packaging identifying the cosmetic injectable that will be injected into me is a genuine product
- My injector has written on my informed consent documents and in my medical chart the FDA approved BRAND or BRANDS of cosmetic injectables injected into me

SAFETY

All of these statements are true:

- My injections are being performed in a medical office, or a medical spa whose medical director meets all of the statements above about my DOCTOR
- My injections are being performed at a time when I or my injector are not intoxicated or under the influence of a controlled substance
- I feel safe and at ease with my injector
- My injector has taken me through the informed consent process defining where I will be injected, with what, and what the potential risks or complications may be as well as defined alternative treatments that may meet my cosmetic goals
- I will follow all the post-treatment instructions I am given and follow-up with my doctor or injector as prescribed

BEAUTY

All of these statements are true:

- I can clearly define the areas of my facial appearance I hope to improve with cosmetic injectables
- My injector has analyzed the areas of my facial appearance I hope to improve with cosmetic injectables, and my facial appearance overall to recommend the options available to me to meet my goals
- I understand the expected duration of my results, and that if I do not repeat injections, my facial appearance will return to its prior condition
- I understand that minor swelling, bruising or redness for a few days after my injections is a normal occurrence that can be camouflaged with cosmetics

