

VARIOFILL® for Gluteal Augmentation is a product made by:

ADODERM

Elisabeth-Selbert-Str. 5b • 40764 Langenfeld • Germany
Phone +49 2173 10191-80 • info@variofill.com
info@adoderm.com • www.adoderm.com

VARIOFILL® exclusive distributor:

ADODERM range of hyaluronic acid products:



HYABELL[®]
COSMETICS


VARIODERM

novatox
NATURAL LIFT

made
In
Germany

made
In
Germany


VARIOFILL
for Gluteal Augmentation
BEAUTY PASS TREATMENT

ADODERM

The present document is given after each procedure with Variofill® for Gluteal Augmentation. This document is personal and non-transferable between persons. After the procedure please ask your practitioner / clinic to stick the traceability sticker included in the product package indicating the lot number and please ask to fill the following information:

1. To indicate the quantity injected on each side.
2. To indicate the placement of the filler.
3. To indicate the injection technique (cannula, needle...)
4. If local or general anesthesia or no anesthesia.
5. If any pre and post treatment with antibiotics is prescribed.

This document records only the treatment history with Variofill® for Gluteal Augmentation in buttocks area. In case of loss, please send this document to the following clinic:

Patient

VARIOFILL
for Gluteal Augmentation

Name:

Date of birth:

Address / contact:

Comments (please specify allergies, medical treatments, etc.):

1. Treatment

Anesthesia

- Local
- General
- No

- Needle
- Blunt Cannula

Date of treatment:



Please indicate if dilution is performed:

Pre and/or post treatment

Antibiotic prescription:

Anti-inflammatory prescription:

Specific/other prescription:

Quantity left side

Please indicate in the graphic the location of product placement.

Quantity right side

Please indicate in the graphic the location of product placement.



2. Treatment

Anesthesia

- Local
- General
- No

- Needle
- Blunt Cannula

Date of treatment:



Please indicate if dilution is performed:

Pre and/or post treatment

Antibiotic prescription:

Anti-inflammatory prescription:

Specific/other prescription:

Quantity left side

Please indicate in the graphic the location of product placement.



Quantity right side

Please indicate in the graphic the location of product placement.

3. Treatment

Anesthesia

- Local
- General
- No

- Needle
- Blunt Cannula

Date of treatment:



Please indicate if dilution is performed:

Pre and/or post treatment

Antibiotic prescription:

Anti-inflammatory prescription:

Specific/other prescription:

Quantity left side

Please indicate in the graphic the location of product placement.



Quantity right side

Please indicate in the graphic the location of product placement.

4. Treatment

Anesthesia

Local

General

No

Needle

Blunt
Cannula

Date of treatment:



Please indicate if dilution is performed:

Pre and/or post treatment

Antibiotic prescription:

Anti-inflammatory prescription:

Specific/other prescription:



Quantity left side

Please indicate in the graphic
the location of product placement.

Quantity right side

Please indicate in the graphic
the location of product placement.