



# Juvéderm® VOLUX 1:1 Training Appointments

## Before your Training

Please ensure you have completed your pre-learning module.

Prior to your training appointment, you should choose a suitable patient for lower face dermal filler with indication/s suitable for Volux treatment:

- Requires improved facial (G-Sn-Pog) angle
- Requires improved sub-mental appearance
- Requires improved chin projection
- Feel they have sagging along the jawline

You are required to carry out a thorough consultation with your patient prior to attending the appointment and agree a treatment plan. Please ensure you have:

- Taken a thorough history
- Discussed your patient's ideas, concerns and expectations
- Assessed your patient's suitability for treatment
- Discussed potential side effects and complications
- Discussed the price of treatment with your patient

Please bring along the completed consultation template on the subsequent pages of this document. Written consent will be gained during the appointment.

*Please note, if your patient is unsuitable for treatment on the day, we will be unable to proceed with the Training Appointment.*



## On the Day

Please arrive 15 minutes before your allocated 60-minute appointment.

Your patient must arrive 10 minutes before your allocated appointment for you to greet them.

Your patient will receive 1ml of VOLUX, additional mls will be charged at £100 inc. VAT. (Note: If you are attending using an Allergan referral code, 2ml of VOLUX is included in this training without further charge.)

### **GILD Clinic will provide:**

- Insurance for the treatment
- All consumables
- Clinical photography

Please wear attire suitable for a professional clinical environment.

Informed consent documentation and aftercare instructions will be provided on the day.

## After the Session

Aftercare and subsequent review of your patient will be your responsibility; however, you are welcome to contact us for advice.



### Consultation for Training Appointments

|                   |  |      |  |
|-------------------|--|------|--|
| Patient name      |  | Date |  |
| Practitioner name |  |      |  |

|                                 |  |
|---------------------------------|--|
| Presenting complaint            |  |
| History of presenting complaint |  |

|                                      |  |
|--------------------------------------|--|
| Past Medical and Psychiatric History |  |
| Past Aesthetic History               |  |
| Drug History                         |  |
| Allergies                            |  |

|  |     |    |
|--|-----|----|
| Is patient currently pregnant/breastfeeding or engaged in IVF treatment? | YES | NO |
|--|-----|----|



Harley Academy



|                                 |  |
|---------------------------------|--|
| Examination                     |  |
| Assessment of<br>G-Sn-Pog angle |  |
| Proposed Treatment<br>Plan      |  |