

PATIENT IMPLANT CARD

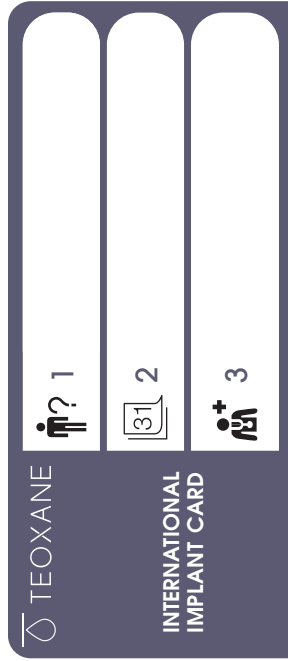
INSTRUCTIONS FOR HEALTH CARE PROFESSIONAL

1. Please fill in fields 1 to 4 on the implant card as follows:
Field 1: patient name
Field 2: injection date
Field 3: name and address of the health care professional
Field 4: stick the blister label on the back of the implant card
2. Detach and give to the patient after injection the implant card

Dermal filler

SPONSOR Teoxane Australia PTY LTD
9 Cleg Street Artarmon NSW 2064
Australia

 **TEOXANE SA** Rue de Lyon 105 1203 GENEVA
Switzerland



4

Stick the blister label here



<https://www.teoxane.com/productinfo>