1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME
Marisol A. Vega

DOB
06/02/1980

AGE/SEX
46 / Female

MRN / PATIENT ID
MAV-2291057

DATE OF SERVICE
10/09/2026

PROVIDER
Elena Kostova

CREDENTIALS
MD, FAAD

VISIT TYPE
Cosmetic Consultation + Injectable Treatment (same day)

CARE SETTING
Outpatient — Cosmetic Dermatology Clinic

PRIMARY CARE PROVIDER, IF APPLICABLE
Anita Shah, MD

REFERRING PROVIDER, IF APPLICABLE
Self-referred

INTERPRETER USED, IF APPLICABLE
Not required — bilingual (English/Spanish)

CHAPERONE PRESENT, IF APPLICABLE
Medical assistant present for procedure

CC CHIEF COMPLAINT

2 PRIMARY COSMETIC CONCERN

"The brown patches on my cheeks keep getting darker, and the lines between my eyebrows make me look angry. My daughter's wedding is in six weeks — I want to look like myself, just rested."

S SUBJECTIVE

3 AESTHETIC GOALS & HISTORY

3a GOALS & PRESENTING CONCERNS

Reason for Cosmetic Dermatology Evaluation:
Initial cosmetic consultation for melasma and upper-face dynamic lines, with same-day neuromodulator treatment if appropriate; skin care regimen review.

Aesthetic Goals and Priorities:

Priority 1: lighten cheek and upper-lip pigmentation. Priority 2: soften glabellar "11s" and crow's feet while keeping brow movement. Wants a natural, subtle result; no downtime (works front desk at a law firm). Event 11/21/2026. Budget ~$1,200 for this phase, discussed openly.

History of Present Cosmetic Concern:

Pigment first appeared during second pregnancy (2012), faded partially, then darkened markedly over 18 months after starting a combined oral contraceptive for perimenopausal bleeding (prescribed 04/2025) and a summer of outdoor soccer coaching. Lines have deepened over ~5 years.

Facial Aging / Volume / Wrinkle Concerns:

Dynamic glabellar lines with early static component at rest; dynamic lateral canthal lines. Mild tear-trough hollowing she is not bothered by. Declines filler today. No prior injectables.

Pigmentation / Tone Concerns:

Melasma of malar cheeks, upper lip, and forehead. Hormonal triggers: pregnancy (G2P2) and current combined OCP. Visible-light/heat exposure from cooking and outdoor coaching. Used OTC vitamin C serum and a 2% hydroquinone cream intermittently with little effect.

Texture / Scar Concerns:

Mild enlarged pores of the cheeks; no acne scars. Hypertrophic scar after C-section (2012) — relevant to scar tendency.

Redness / Vascular Concerns:

Denies flushing or rosacea. Bruises easily since starting daily fish oil.

Hair / Body Concerns:

Fine upper-lip hair she waxes monthly — waxing may be aggravating lip pigmentation. No body contouring goals.

Hyperhidrosis Symptoms, if applicable:

Not applicable.

3b TREATMENT & SAFETY HISTORY

Prior Cosmetic Procedures:

IPL photofacial ×1 at an outside medspa (09/2024) — developed darker rebound hyperpigmentation on both cheeks lasting ~4 months (post-inflammatory hyperpigmentation). No other procedures.

Current Skin Care Routine:

AM: foaming cleanser, vitamin C 15% serum, chemical SPF 30 (no reapplication). PM: micellar water, fragranced night cream. Weekly apricot-kernel scrub. Liquid foundation daily. No retinoid. Stings with the scrub.

Medication and Supplement History:

Norethindrone/ethinyl estradiol 1/20 daily; fish oil 2 g daily; ibuprofen PRN (last dose 5 days ago). No anticoagulants or isotretinoin history.

Medical and Dermatologic History:

Melasma; prior PIH; hypertrophic C-section scar; HSV-1 cold sores ~1×/year (last 03/2026). Hypothyroidism on levothyroxine 75 mcg. Not pregnant or lactating (OCP; LMP 09/24/2026). No bleeding disorder or skin cancer.

Allergy / Reaction History:

Sulfa (rash). Adhesive tape causes redness. No known lidocaine, latex, or toxin allergy.

Sun Exposure and Skin Cancer Risk:

Coaches youth soccer Saturdays (3–4 h outdoors). Rarely burns. No tanning beds. No skin cancer history; father had basal cell carcinoma. Travel to Cancún planned 11/27.

Social / Lifestyle Context:

Legal receptionist (public-facing). Never smoker; wine 1–2 glasses/week. Runs 3×/week. Reliable with aftercare instructions.

Expectations and Consent Considerations:

Understands melasma is chronic and relapsing, needs maintenance, and will not fully clear before the wedding. Understands toxin onset in 3–14 days and lasts ~3–4 months. Accepts self-pay costs. Photography consent signed.

Pertinent Negatives:

No active cold sore, infection, or open wound. Not pregnant (urine hCG negative today). No isotretinoin, bleeding disorder, neuromuscular disease, or aminoglycoside use. Realistic expectations. No recent tanning.

ROS COSMETIC DERMATOLOGY REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Wrinkles, skin laxity, volume loss, asymmetry, or facial contour concern
Positive — glabellar and lateral canthal lines; mild tear-trough hollowing.

Pigmentation, melasma, sun damage, redness, flushing, or visible vessels
Positive — melasma; negative for flushing or telangiectasias.

Acne scars, surgical scars, texture changes, stretch marks, or keloid tendency
Positive — hypertrophic surgical scar; mild pore enlargement.

Unwanted hair, hyperhidrosis, body contouring concern, or tattoo removal concern
Positive — fine upper-lip hair (waxing). Otherwise negative.

Active rash, acne flare, infection, cold sore, wound, irritation, or recent sunburn
Negative.

Easy bruising, bleeding tendency, poor wound healing, or medication-related procedure risk
Positive — easy bruising on fish oil.

Prior cosmetic procedure complications, product reactions, or dissatisfaction
Positive — PIH after IPL (2024).

Psychosocial impact, appearance-related distress, or expectations affecting treatment planning
Moderate distress about pigment in photos; expectations realistic after counseling.

O OBJECTIVE

5 OBSERVED FINDINGS

5a VITALS, IF OBTAINED

TEMPERATURE	BLOOD PRESSURE	HEART RATE
98.2 °F	112/70	66
RESPIRATORY RATE	**OXYGEN SATURATION**	**HEIGHT**
14	99% RA	5′3″
WEIGHT	**BMI**	**PAIN SCORE, IF APPLICABLE**
134 lb	23.7	0/10 pre-procedure

5b EXAMINATION

General Appearance:

Alert, well-groomed, pleasant; full capacity to participate in informed consent.

Skin Type / Baseline Assessment:

Fitzpatrick IV. Mild residual tan on forearms; facial tan minimal. Moderate photodamage. Hypertrophic scar tendency. Barrier mildly irritated (cheek dryness from scrub). No active acne or rosacea. High risk of PIH with heat-based devices.

Facial Assessment:

Strong corrugator/procerus activity with deep dynamic glabellar lines, faint static lines at rest. Moderate lateral canthal lines on smiling, L slightly > R. Brow position normal, symmetric; no eyelid ptosis; good lid snap. Mild tear-trough hollowing; midface volume adequate. Mild nasolabial folds. Jawline and neck appropriate for age. Priorities: glabella and crow's feet.

Pigmentation / Tone Examination:

Symmetric, irregularly bordered light-to-medium brown patches of the malar cheeks, upper cutaneous lip, and central forehead — centrofacial melasma pattern. Wood's lamp: mixed epidermal/dermal (partial enhancement). Faint lentigines of temples. No hypopigmentation or confetti depigmentation. Avoid heat-based devices on malar areas.

Texture / Scar Examination:

No facial scars. Mildly enlarged cheek pores. Low transverse abdominal scar, 14 cm, mildly hypertrophic and pliable (not treated).

Vascular / Redness Examination:

No telangiectasias or diffuse erythema. Two small resolving bruises on the shins.

Hair / Body Treatment Area Examination:

Fine dark vellus/terminal upper-lip hair; mild hyperpigmentation overlaps the waxing area. Not treated today.

Procedure Site Assessment:

Glabella and bilateral lateral canthi intact; no inflammation, lesions, or cold sore. Standardized baseline photographs (rest, frown, smile; frontal and obliques) plus cross-polarized pigment photographs obtained.

CT COSMETIC TREATMENT ASSESSMENT

6 TREATMENT PLANNING CONSIDERATIONS

COSMETIC CONCERN AND TREATMENT AREA

Melasma (cheeks, lip, forehead); glabellar and lateral canthal lines

BASELINE SEVERITY

mMASI 8.4; glabellar line scale 3 (frown); crow's feet 2

FITZPATRICK SKIN TYPE

IV

SKIN SENSITIVITY OR PIGMENTATION RISK

High PIH risk — prior IPL rebound

PRIOR TREATMENT RESPONSE

OTC lighteners minimal; IPL worsened pigment

CONTRAINDICATIONS OR CAUTIONS

Combined OCP (estrogen) — oral tranexamic acid deferred; HSV-1 history; fish oil bruising

EXPECTED NUMBER OF SESSIONS

Toxin every 3–4 months; melasma topicals ongoing, peels ×3–4

EXPECTED DOWNTIME

Toxin: minimal (possible pinpoint bruising)

MAINTENANCE NEEDS

Lifelong photoprotection; maintenance topicals

ALTERNATIVE OPTIONS DISCUSSED

Observation; filler; low-fluence Q-switched laser (deferred); topical TXA

PATIENT GOALS AND EXPECTATIONS

Natural, rested look; realistic about melasma

PHOTOGRAPHY STATUS

Baseline standard + cross-polarized obtained

CONSENT STATUS

Written informed consent signed for onabotulinumtoxinA

PR PROCEDURES PERFORMED, IF APPLICABLE

7 PROCEDURE DOCUMENTATION

Botulinum toxin / neuromodulator injection — indication: moderate-to-severe dynamic glabellar and lateral canthal lines. Risks (bruising, headache, asymmetry, brow or eyelid ptosis, diplopia, spread), benefits, and alternatives reviewed; written consent signed; pre-procedure photographs obtained. Skin cleansed with alcohol; ice for comfort, no anesthetic. OnabotulinumtoxinA, 44 units total (details below). Endpoint: planned dose delivered to all points. Tolerated well (pain 2/10); one pinpoint bleed at L lateral canthus controlled with pressure. No complications. Aftercare given; 2-week check booked.

IJ INJECTABLE TREATMENT DETAILS, IF APPLICABLE

8 INJECTABLE-SPECIFIC DETAILS

PRODUCT NAME
OnabotulinumtoxinA (Botox® Cosmetic)

CONCENTRATION / DILUTION IF APPLICABLE
100 U reconstituted with 2.5 mL preservative-free saline (4 U/0.1 mL)

LOT NUMBER AND EXPIRATION DATE
C8842K3 — exp 05/2027

TOTAL UNITS OR VOLUME USED
44 U (1.1 mL)

INJECTION SITES
Glabella 20 U (procerus 4, corrugators 4 ×2 each side); lateral canthi 12 U each side (3 points × 4 U)

INJECTION DEPTH AND TECHNIQUE
Glabella intramuscular; crow's feet superficial intradermal/subdermal, ≥1 cm lateral to orbital rim

NEEDLE/CANNULA TYPE WHEN RELEVANT
30G ½" needle

ASPIRATION USE IF DOCUMENTED
Not performed (standard for toxin)

ANESTHESIA USED
Ice only

MASSAGE OR MOLDING PERFORMED IF RELEVANT
None — advised no rubbing ×4 h

IMMEDIATE RESULT
Small wheals at crow's feet points, resolved in 10 min

PATIENT TOLERANCE
Excellent; pain 2/10

VASCULAR COMPROMISE SIGNS ASSESSED
N/A for toxin; no blanching

POST-INJECTION INSTRUCTIONS
Upright ×4 h, no strenuous exercise or facials ×24 h, no rubbing; expect onset 3–14 days

FOLLOW-UP AND TOUCH-UP PLAN
Recheck 2 weeks (10/23); touch-up up to 4 U if asymmetry

LD LASER / DEVICE TREATMENT DETAILS, IF APPLICABLE

9 DEVICE-BASED PROCEDURE DETAILS

DEVICE NAME AND HANDPIECE
Not performed today

INDICATION
Melasma — device therapy deferred

TREATMENT AREA
—

FITZPATRICK SKIN TYPE
IV

EYE PROTECTION USED
—

SKIN PREPARATION
—

TEST SPOT IF PERFORMED
Planned before any future laser

SETTINGS, INCLUDING WAVELENGTH, FLUENCE, PULSE DURATION, SPOT SIZE, PASSES, COOLING, AND ENDPOINT
—

ANESTHESIA IF USED
—

NUMBER OF PULSES OR TREATMENT COVERAGE
—

PATIENT TOLERANCE
—

IMMEDIATE RESPONSE
—

COMPLICATIONS IF ANY
—

POST-PROCEDURE CARE AND SUN AVOIDANCE COUNSELING
Counseled why IPL/heat devices are avoided given prior PIH

TREATMENT SERIES PLAN
Reassess after 12 weeks of topicals; possible low-fluence 1064 nm Q-switched laser with test spot

SC SKIN CARE / TOPICAL REGIMEN ASSESSMENT

10 COSMECEUTICAL & PRESCRIPTION PLAN

CURRENT PRODUCTS
Foaming cleanser, vitamin C 15%, chemical SPF 30, fragranced night cream, apricot scrub

IRRITATING OR SENSITIZING PRODUCTS
Apricot scrub, fragranced night cream — stop

SUNSCREEN USE AND REAPPLICATION
Switch to tinted mineral SPF 50 with iron oxides; reapply every 2 h outdoors

RETINOID USE
Tretinoin via triple-combination cream

PIGMENT-CORRECTING AGENTS
Triple combination (HQ 4% / tretinoin 0.05% / fluocinolone 0.01%); topical tranexamic acid 5% AM

ACNE/ROSACEA MEDICATIONS
None

MOISTURIZER/BARRIER SUPPORT
Fragrance-free ceramide moisturizer AM and PM

EXFOLIANT USE
Discontinue physical scrubs

PRODUCT ALLERGIES OR INTOLERANCES
Adhesive redness; sulfa (oral)

PROCEDURE PREPARATION OR POST-PROCEDURE RESTRICTIONS

No retinoid on injection day; hold triple cream 1 week before any peel

STEPWISE MORNING AND EVENING REGIMEN WHEN PROVIDED

AM: gentle cleanser → topical TXA → ceramide moisturizer → tinted mineral SPF 50. PM: gentle cleanser → triple cream (pea-size, cheeks/lip/forehead) → moisturizer.

ST SCREENING / ASSESSMENT TOOLS

11 SCORES & INTERPRETATION

Fitzpatrick IV. Modified MASI 8.4 (moderate). Glabellar line scale 3 at maximum frown / 1 at rest; crow's feet scale 2 at smile. DLQI 6 (moderate effect). Pain 2/10 during injection. Expectations assessment: realistic after counseling. Baseline values; no prior scores. Limitation: MASI is subjective and lighting-dependent — cross-polarized photos used to support it.

L LABORATORY AND DIAGNOSTIC RESULTS

12 REVIEWED & ORDERED

Pregnancy Testing:

Urine hCG negative today (clinic protocol before neuromodulator and hydroquinone/tretinoin).

Medication Safety Testing:

Not required. TSH 2.1 (07/2026, PCP) — thyroid stable.

Infection Testing:

Not indicated — no active lesion.

Pathology:

None.

Prior Records Reviewed:

Outside medspa IPL record 09/2024 (560 nm filter, 16 J/cm² — aggressive for skin type IV) and patient's photos showing post-IPL PIH. PCP medication list.

A ASSESSMENT

13 COSMETIC CLINICAL INTERPRETATION

1) Melasma, centrofacial, mixed epidermal/dermal, moderate (mMASI 8.4), Fitzpatrick IV — driven by estrogen (combined OCP), UV and visible light, and barrier irritation; worsened by prior IPL (PIH). Differential: PIH, lichen planus pigmentosus, exogenous ochronosis (no prior long-term HQ) — clinical pattern consistent with melasma; no biopsy needed. 2) Dynamic glabellar and lateral canthal rhytids, moderate — good candidate for neuromodulator; treated today. 3) Cautions: high PIH risk — avoid heat devices now; oral tranexamic acid contraindicated while on estrogen-containing OCP (VTE risk); HSV-1 — prophylaxis needed before any peel or resurfacing; bruising risk from fish oil. Realistic goals. Staged plan: topicals and photoprotection first, superficial peels later, device therapy only after test spot.

P PLAN

14 COSMETIC MANAGEMENT BY PROBLEM & AREA

Treatment recommendation

Phase 1 (now): toxin to upper face plus melasma topicals and strict photoprotection. Phase 2 (from week 6, after the wedding): glycolic acid 30–50% superficial peels every 4 weeks ×3–4. Phase 3 (month 4): reassess; low-fluence Q-switched 1064 nm laser with test spot only if plateau.

Injectable plan

OnabotulinumtoxinA 44 U given (glabella 20 U, crow's feet 24 U). Recheck at 2 weeks, touch-up ≤4 U. Repeat every 3–4 months. Filler for tear troughs deferred per patient. Return urgently for drooping eyelid, double vision, or difficulty swallowing.

Laser/device plan

No IPL or fractional resurfacing given Fitzpatrick IV and prior PIH. Any future laser: test spot, 2 weeks HQ pre-treatment, strict sun avoidance.

Pigmentation plan

Triple combination cream nightly ×8 weeks, then taper to 3×/week and alternate with azelaic acid 15% to limit steroid/HQ exposure. Topical tranexamic acid 5% every morning. Tinted mineral SPF 50 with iron oxide; wide-brim hat while coaching. Switch upper-lip waxing to trimming.

Texture/scar plan

Pores: tretinoin component addresses this. Abdominal scar not a concern — no treatment.

Acne/rosacea cosmetic plan

Not applicable.

Skin care plan

Regimen as detailed above. Stop the scrub and fragranced night cream. Keep vitamin C only if no stinging, applied after TXA. Written regimen card provided.

Procedure aftercare plan

Stay upright 4 h; no exercise, sauna, or facial massage for 24 h; makeup allowed after 4 h; arnica optional for bruising. Expect onset in 3–14 days.

Safety plan

Valacyclovir 500 mg BID starting 1 day before each peel ×5 days. Hold fish oil 7 days before future injections. Oral TXA not prescribed (estrogen-containing OCP) — will discuss progestin-only options with PCP/GYN if she wants oral TXA later. Stop HQ if pregnancy is planned.

Referral and care coordination plan

Letter to PCP re: possible link between OCP and melasma and options for non-estrogen management of perimenopausal bleeding.

Patient education

Melasma is controllable, not curable; partial lightening expected by the wedding; heat and visible light trigger relapse. Toxin duration and costs reviewed. Handouts provided in English and Spanish.

F FOLLOW-UP

15 REASSESSMENT PLAN

2 weeks (10/23/2026): toxin result check, touch-up if needed, photographs. 8 weeks: mMASI and photographic comparison, review topical tolerance, schedule the first peel. Next toxin in ~3–4 months. Return urgently for eyelid ptosis, diplopia, dysphagia, or a severe irritant reaction.

TB TIME DOCUMENTATION & BILLING

16 TIME DOCUMENTATION (IF APPLICABLE)

TOTAL TIME SPENT
55 minutes

COSMETIC COUNSELING TIME
20 minutes

PROCEDURE TIME, IF APPLICABLE
15 minutes

PHOTOGRAPHY / TREATMENT PLANNING TIME, IF APPLICABLE
8 minutes

SKIN CARE COUNSELING TIME, IF APPLICABLE
10 minutes

CARE COORDINATION TIME
2 minutes

RECORDS REVIEW TIME, IF APPLICABLE
—

16a BILLING CONSIDERATIONS — COSMETIC DERMATOLOGY CODING / DOCUMENTATION

COSMETIC CONSULTATION FEE, IF APPLICABLE
$150 consult (waived toward treatment)

PROCEDURE CODE(S), IF APPLICABLE
Not billed to insurance — cosmetic, self-pay

INJECTABLE PRODUCT / UNIT DOCUMENTATION, IF APPLICABLE
OnabotulinumtoxinA 44 U, lot C8842K3

LASER / DEVICE TREATMENT DOCUMENTATION, IF APPLICABLE
—

PHOTOGRAPHY DOCUMENTATION, IF APPLICABLE
Standard + cross-polarized, 14 images

NON-COVERED / COSMETIC SERVICE DOCUMENTATION, IF APPLICABLE
ABN/self-pay acknowledgment signed

BASIS FOR BILLING
Product-based cosmetic procedure; self-pay

ICD-10 DIAGNOSIS CODES, IF MEDICALLY APPLICABLE
L81.1 — Chloasma (melasma)

[SECONDARY DIAGNOSIS / SYMPTOM CODE(S), IF APPLICABLE]
L98.8 — Other specified disorders of skin (rhytids, cosmetic); L81.0 — Postinflammatory hyperpigmentation (history)

SO

SIGNATURE

17 PROVIDER SIGN-OFF

PROVIDER NAME	CREDENTIALS	SPECIALTY
Elena Kostova	MD, FAAD	Cosmetic Dermatology

DATE	TIME
10/09/2026	14:20

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