

APPLICATION

THE DENTISTS PROFESSIONAL LIABILITY TRUST

REQUIREMENTS FOR THE USE OF COSMETIC BOTOX AND DERMAL FILLERS

In accordance, with the Exclusions, Conditions and Products approved, which are attached, please submit the following:

1. Verification of completion of a CERP or PACE approved two day course.
2. Informed consent document to be used.

Signature _____

Date _____

Approved: _____

Not Approved: _____

Reasons:

By _____

Date _____

Cosmetic Botox and Dermal Fillers Attachment

A. Coverage

Subject expressly to the terms and conditions of the Coverage Agreement, the existing general Endorsement which excludes coverage for Botox or Dermal Fillers, as well as the limits, exclusions, and additional conditions set forth herein, we will pay for the *damages* as provided for by the Trust's Coverage Agreement for a *claim* arising out of or related to *professional services* which involve the use or administration of Botox or Dermal Fillers for cosmetic purposes.

B. Exclusions

This Endorsement and the limited extension of coverage do not apply to any *damages* or *allocated loss adjustment* expenses with respect to a *claim* which involves the use or administration of Botox or Dermal Fillers for cosmetic purposes:

1. Arising from any *claim* where the Named Insured cannot provide to the Plan's Administrator a signed consent form.
2. Arising out of the use or administration to anyone under 18 years old.
3. Arising out of the use of any off-label product.
4. Arising out of the use on any person with a neuromuscular disease.
5. Arising out of the use of any product contrary to the manufacturer's guidelines.
6. Arising out of the use of product not approved by the FDA.
7. Arising from the use of any product outside the face.
8. Arising from any product not purchased in the United States.

C. Conditions

1. The Participant must have a signed consent form for the procedure provided.
2. The Participant must have completed a CERP or PACE approved training course of two days which includes hands-on training utilizing Botox material.
3. The Participant must report any *dental incident or claim* immediately to the Plan's Administrator.
4. The use of Dermal Fillers is limited to the face, from the tip of the nose to the chin.
5. The use of cosmetic Botox is limited to the brow/forehead, mouth/lip, glabella and crows-feet 2 finger width lateral to the corner of the eye.
6. Products Approved:
 1. Cosmetic Botox Allergan
 2. Restylane
 3. Juvederm
 4. Dysport