



## Restylane Rewards® Redemption Form

### Save up to \$360 May 1–June 30, 2012

Save \$40 per mL on *Restylane*® or *Restylane-L*®

- *Restylane*: 2 mL minimum, 9 mL maximum (including up to 1.5 mL per lip)
- *Restylane-L*: 2 mL minimum, 6 mL maximum

Save \$50 per mL on *Perlane*® or *Perlane-L*®

- 1 mL minimum, 6 mL maximum

To register for future promotions, visit [www.RestylaneUSA.com](http://www.RestylaneUSA.com).

After you have received your treatment with a product in the *Restylane* family, complete the redemption form below, include the product box end flap(s) showing the hologram, and mail it to us with your itemized treatment receipt (credit card receipts are not accepted).

#### Mail to: Restylane Rewards Fulfillment Center

Dept. MA12-8303

P.O. Box 472

Scottsdale, AZ 85252-0472

Your submission must be postmarked by July 31, 2012. Certain restrictions apply. See offer terms and conditions on the adjacent column. Call **866-222-1480** for further information. To check the status of your rebate, please visit [www.Rapid-Rebates.com](http://www.Rapid-Rebates.com).

#### Tell us about you. (All fields are required)

Name		
Address		Apt. No.
City	State	ZIP
Email (Required)		
Treatment Date (Month/Day/Year)		
Signature		
<small>By signing above: I give Medicis Pharmaceutical Corporation ("Medicis") and its subsidiaries permission to use the information I have provided in this request form to communicate with me about its products, programs and services, and to conduct market research. Medicis may share information about me with its service providers, or as required by government authorities, law or legal process. Medicis also may share information with healthcare providers about participation in Medicis rebate programs or promotional offers. Medicis will not sell my name or information. To be removed from this list, I understand that I may call 800-328-9970.</small>		

### Offer Terms and Conditions

This coupon program works by providing you a rebate check limited to \$40 for each milliliter (mL) of *Restylane* or *Restylane-L*, and \$50 for each mL of *Perlane* or *Perlane-L* purchased. A minimum purchase of 2 mL in a single treatment is required for *Restylane* or *Restylane-L* and a minimum purchase of 1 mL in a single treatment is required for *Perlane* or *Perlane-L*. This offer is limited to a maximum total rebate of \$360 per treatment, including a maximum total amount of 6 mL of *Restylane*, *Restylane-L*, *Perlane*, or *Perlane-L* for treatment of moderate to severe facial wrinkles and folds, such as nasolabial folds, and up to an additional 3 mL of *Restylane* only for lip enhancement. To qualify for this offer, you must submit a completed redemption form (**valid email address required to participate**), itemized receipt for your treatment, and the box end flap(s) showing the hologram from the product(s) used in your treatment. Credit card receipts will not be accepted. Providing the product box end flap(s) with the hologram is for your protection and ensures that you received a genuine FDA-approved *Restylane* family product. Product(s) used in your treatment must be purchased legally in the U.S. Treatment must be received between May 1 and June 30, 2012. Submissions must be postmarked by July 31, 2012, and must be received by August 30, 2012. **Please allow 6-8 weeks for processing.** If you have questions about this offer, please call toll free **1-866-222-1480**. If you would like to check on the status of your rebate check, visit [www.rapid-rebates.com](http://www.rapid-rebates.com).

You are eligible for this offer only if you paid for your entire treatment yourself and if no part of your treatment was covered by insurance or another third-party payor. This offer excludes any treatment using a Medicis product that is reimbursed by Medicaid, Medicare, or other federal or state benefit programs, including state medical assistance programs. You are not eligible for this offer if your private insurance, HMO, or other health benefit program paid for all or part of your treatment. If any form of reimbursement is sought from a third-party, you may be required to disclose the value of this rebate to that party. This offer is available only to patients, excluding claims from Medicis employees and their spouses. This offer is non-transferable. Offer valid only in the U.S., excluding territories, and void where prohibited by law.

This offer is limited to two redemptions per person and cannot be combined with any other Medicis offer or promotion. By submitting a rebate request, you agree to all of the terms and conditions of this offer. Medicis reserves the right to cancel or modify this offer without notice. All rebate requests become the property of Medicis and will not be returned. Medicis assumes no responsibility for lost, late, damaged, misdirected, misaddressed, incomplete, or postage-due requests that fail to be properly delivered to the address stated on the rebate redemption form for any reason. Rebate checks will be issued in U.S. dollars only. Rebate checks and coupons are void if not cashed or used within 180 days.

*Restylane*®  
FAMILY OF INJECTABLE GELS



The *Restylane* family of products includes *Restylane*, *Restylane-L*, *Perlane*, and *Perlane-L*. These products can be used to add volume and fullness to the skin to correct moderate to severe facial wrinkles and folds, such as the lines from your nose to the corners of your mouth (nasolabial folds). *Restylane* may also be used for lip enhancement in patients over 21 years. Ask your doctor which is right for you.

### **Important Safety Considerations for the *Restylane* family of products**

Products in the *Restylane* family should not be used by people with previous bad allergies, particularly to microorganisms known as gram-positive bacteria, or by people with serious allergies to drugs that have previously required in-hospital treatment. These products should not be used by people with bleeding disorders. Products should not be injected anywhere except the skin, just under the skin (*Perlane* and *Perlane-L* only), or in the lips (*Restylane* only). *Restylane-L* and *Perlane-L* should not be used by anyone with a known allergy to lidocaine.

Use at the site of skin sores, pimples, rashes, hives, cysts, or infection should be postponed until healing is complete. In these instances, product use could delay healing or make your skin problems worse. After treatment, you might have some swelling, redness, pain, bruising, or tenderness. These are typically mild in severity and normally last less than 7 days in nasolabial folds and less than 14 days in lips. Swelling may be more likely in patients under 36 years, and bruising may be more likely in patients over 35 years. Rarely, the doctor may inject into a blood vessel, which can damage the skin. Although rare, red or swollen small bumps may occur. If you have had facial cold sores before, an injection can cause an outbreak. To avoid bruising and bleeding, you should not use the products if you have recently used drugs that thin your blood or prevent clotting. Products should not be used during pregnancy, when breastfeeding, or in patients under 18 years for nasolabial folds.

Treatment volume should be limited to 6.0 mL in wrinkles and folds, such as nasolabial folds, and limited to 1.5 mL per lip (*Restylane* only), as greater amounts significantly increase moderate and severe injection site reactions. The safety or effectiveness of treatment in areas other than nasolabial folds and lips (*Restylane* only) has not been established in controlled clinical studies.

The *Restylane* family of products is available only through a licensed practitioner. Complete product and safety information is available at [www.RestylaneUSA.com](http://www.RestylaneUSA.com).



*Restylane*, *Restylane-L*, *Perlane*, *Perlane-L*, and *Restylane Rewards* are registered trademarks of HA North American Sales AB.  
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