

Botox Cosmetic® Treatment Form

Patient Name (Please Print)

Chief Complaint

Injection Site Chart

Date of Service (Treatment)

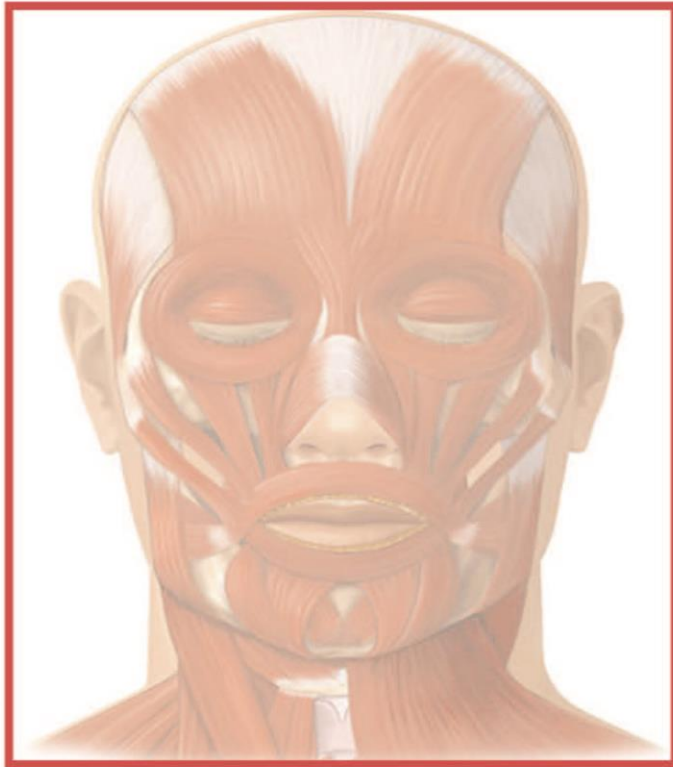
Dilution Used

	Saline	# Units/1.0ml	# Units/0.1ml
<input type="radio"/>	1.0 cc	100 U/1.0ml	10 U/0.1ml
<input type="radio"/>	2.0 cc	50 U/1.0ml	5 U/0.1ml
<input type="radio"/>	2.5 cc	40 U/1.0ml	4 U/0.1ml
<input type="radio"/>	4.0 cc	25 U/1.0ml	2.5 U/0.1ml
<input type="radio"/>	5.0 cc	20 U/1.0ml	2 U/0.1ml

Medication Information

Lot Number

Expiration Date



Note: Please mark diagram (above) with number of units at each injection area as a history of the dosage per area. If touch-up treatments are performed please note original chart. This record is helpful for future treatments as it details the dosages per treatment area prior.

Total Units (Forehead) _____

Total Units (Glabellar) _____

Total Units (Crows Feet) _____ (R) _____ (L)

Total Units (Other Area) _____

TOTAL UNITS = _____

Remarks: _____

Injector/Clinician Signature

Physician Signature