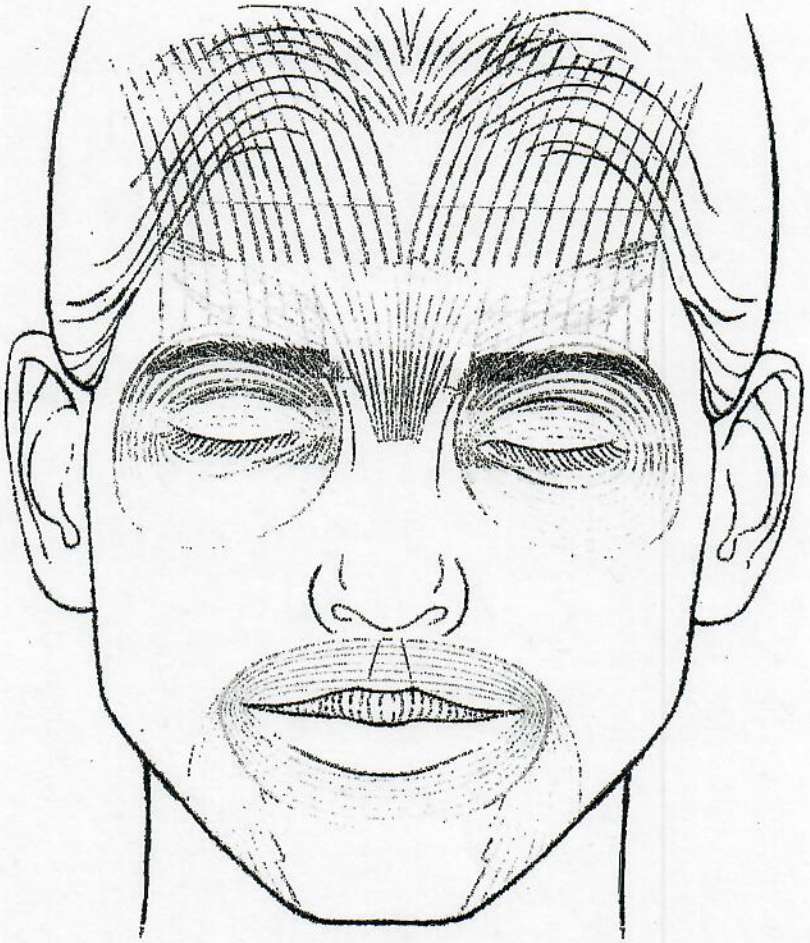
BOTOX® TREATMENT FORM

Patient Name:
Acct # :
Date of Service:

Chief Complaint: _____

_____

_____



Pre Injection Spasm:

LIDS:	OD ___	OS ___
BROWS:	R ___	L ___
FACE:	R ___	L ___
NECK:	R ___	L ___

0 = None
1 = Increased Blink
2 = Tolerable Flutter
3 = Mildly Incapacitating Spasm
4 = Severely Incapacitating Spasm

Injection No. _____
Lot No./ Vial No. _____

Dilution:

1.25 U/0.1ml 2.5 U/0.1ml
5.00U/0.1ml 10.0U/0.1ml

Total Units – Lids/ Brow	R_____	L_____
Total Units – Crows feet	R_____	L_____
Total Units – Forehead	_____	
Total Units – Other	_____	_____

TOTAL UNITS _____ TOTAL COST_____

Diagnosis: _____

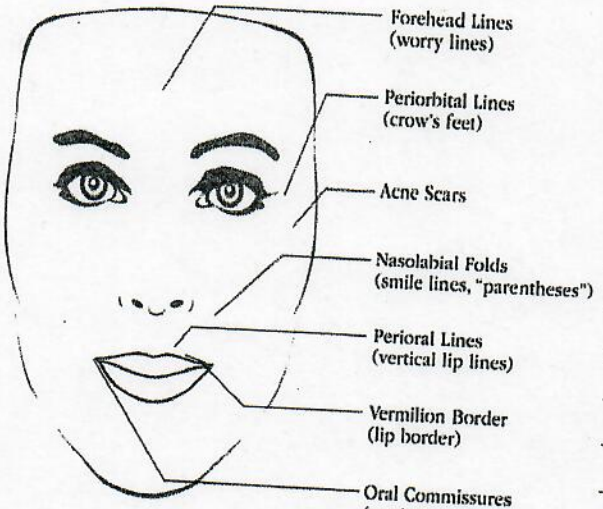
Plan: _____

_____

Physician's Signature

TREATMENT RECORD (SAMPLE)

INDICATE AREAS TREATED AND TREATMENT NOTES*



Notes: _____

TREATMENT RECORD

Date Treated *month/day/year*	Affix Lot Number Label	Area(s) Treated and Treatment Notes
	1.0mL	☐ Forehead Lines ☐ Periorbital Lines ☐ Acne Scars ☐ Nasolabial Folds ☐ Perioral Lines ☐ Vermilion Border ☐ Oral Commissures ☐ Other: _____ Notes: _____
	1.0mL	☐ Forehead Lines ☐ Periorbital Lines ☐ Acne Scars ☐ Nasolabial Folds ☐ Perioral Lines ☐ Vermilion Border ☐ Oral Commissures ☐ Other: _____ Notes: _____

*JUVÉDERM™ is not appropriate for every treatment area. JUVÉDERM™ is indicated for the treatment of moderate to severe facial wrinkles and folds.