

# Dysport® Treatment Form

\_\_\_\_\_  
Patient Name (Please Print)

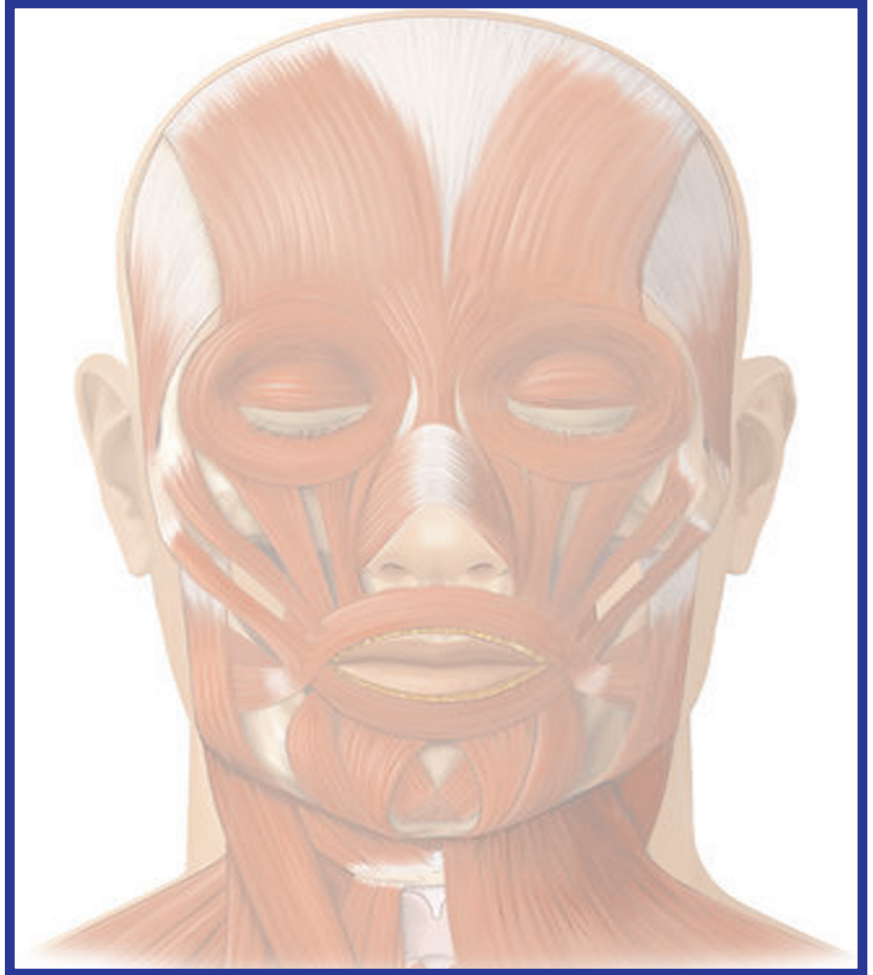
\_\_\_\_\_  
Chief Complaint

\_\_\_\_\_  
Date of Service (Treatment)

## Injection Site Chart

Dilution Used: **300 unit Vial**

	Saline	# Units/1.0ml	# Units/0.1ml
<input type="radio"/>	2.0 cc	150 U/1.0ml	15 U/0.1ml
<input type="radio"/>	2.5 cc	120 U/1.0ml	12 U/0.1ml
<input type="radio"/>	3.0 cc	100 U/1.0ml	10 U/0.1ml
<input type="radio"/>	4.0 cc	75 U/1.0ml	7.5 U/0.01ml



Dilution Used: **500 unit Vial**

	Saline	# Units/1.0ml	# Units/0.1ml
<input type="radio"/>	2.5 cc	200 U/1.0ml	20 U/0.1ml
<input type="radio"/>	4.0 cc	125 U/1.0ml	12.5 U/0.1ml
<input type="radio"/>	5.0 cc	100 U/1.0ml	10 U/0.1ml

Medication Information

\_\_\_\_\_  
Lot Number

\_\_\_\_\_  
Expiration Date

Place Label Here

**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 (Glabella) \_\_\_\_\_

Total Units (Crows Feet) \_\_\_\_\_(R) \_\_\_\_\_(L)

Total Units (Other Area) \_\_\_\_\_

**TOTAL UNITS =** \_\_\_\_\_

**Remarks:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Injector/Clinician Signature

\_\_\_\_\_  
Physician Signature