

# Botox Cosmetic® Treatment Form

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

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

## Injection Site Chart

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

### Dilution Used

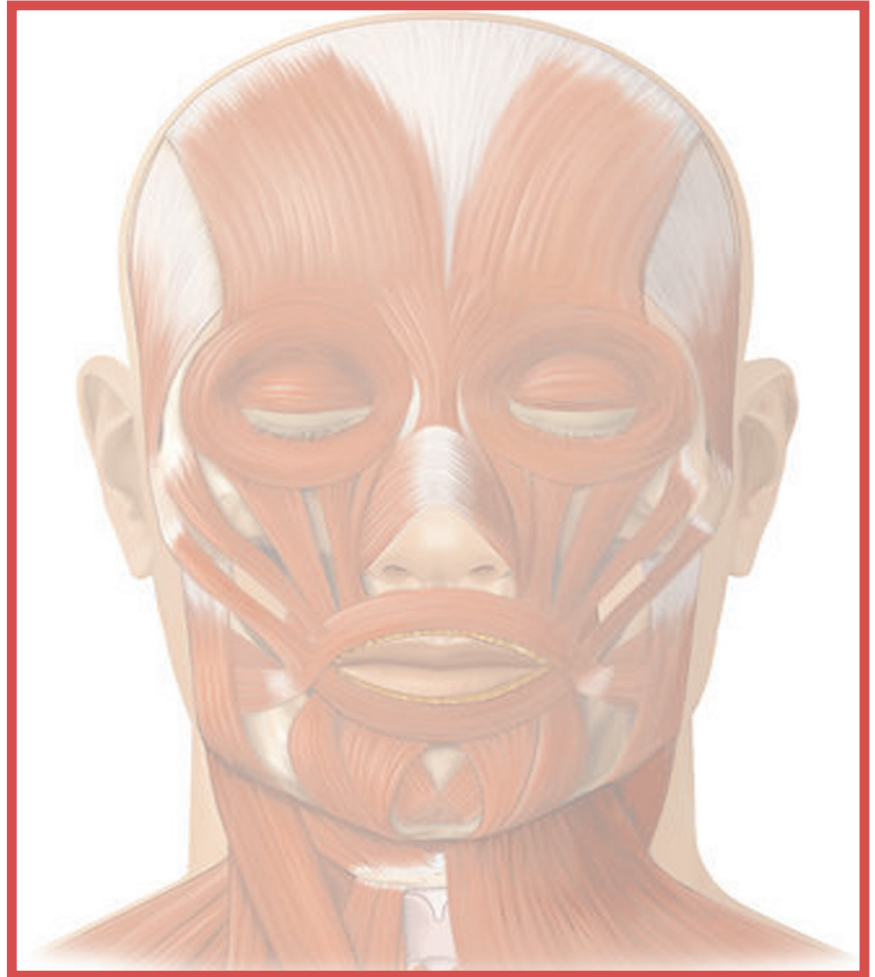
	Saline	# Units/1.0ml	# Units/0.1ml
<input type="radio"/>	1.0 cc	100 U/1.0ml	10 U/0.1ml
<input type="radio"/>	2.0 cc	50 U/1.0ml	5 U/0.1ml
<input type="radio"/>	2.5 cc	40 U/1.0ml	4 U/0.1ml
<input type="radio"/>	4.0 cc	25 U/1.0ml	2.5 U/0.1ml
<input type="radio"/>	5.0 cc	20 U/1.0ml	2 U/.01ml

**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 (Glabellar) \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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