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**BOTULINUM TOXIN “A” MEDICAL HISTORY**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Physician’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_ Ht\_\_\_\_\_\_\_\_\_\_\_\_\_ Wt\_\_\_\_\_\_\_\_

Please list all medications you are currently taking:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you on Antibiotics at this time?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle** any of the following illnesses you have or have ever had in the past:

**Myasthenia Gravis** **Hepatitis** Eye **Disease** **Autoimmune Disease** **Vision Problems**

**Numbness Muscle Weakness Multiple Sclerosis Amyotrophic Lateral Sclerosis (ALS)**

**Parkinson’s Disease Neurological Disorders Lambert-Eaton Syndrome**

**Allergies to Human Albumin or Bovine (Cow’s Milk)**

List and/or Explain Other Medical Conditions not listed above:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PreviousHospitalizations/Operations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WOMEN: Are you Pregnant, Trying to get Pregnant, or Lactating (nursing)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had Plastic Surgery or other surgery to your face/neck areas? If so, when ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Had Botox® injections before? \_\_\_\_\_\_\_ Last treatment? \_\_\_\_\_\_\_\_\_What Areas?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you happy with previous Botox® treatments?\_\_\_\_\_\_\_ Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had eyelid/eyebrow droop after Botox®?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you show a lot of upper eye lid when eyes are open?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do your eyelids feel extra heavy when you don’t get enough sleep?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do your eyelids droop without sleep?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Areas of special concern to patient?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand the information on this form is essential to determine my medical and cosmetic needs and the provision of treatment. I understand that if any changes occur in my medical history/health I will report it to the office as soon as possible. I have read and understand the above medical history questionnaire. I acknowledge that all answers have been recorded truthfully and will not hold any staff member responsible for any errors or omissions that I have made in the completion of this form.

Patient Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practitioner Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT TO BOTOX® BOTULINUM TOXIN “A” TREATMENT**

Botox® /Dyport®/ Xeomin® /Jeuveau® are neurotoxins produced by the bacterium Clostridium A. They can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions. Treatment with Botox can cause your facial expression lines or wrinkles to essentially disappear. Areas most frequently treated are: a) glabellar area of frown lines, located between the eyes; b) crow’s feet (lateral areas of the eyes); and c) forehead wrinkles. Botox is diluted to a very controlled solution and when injected into the muscles with a very thin needle, it is almost painless. Clients may feel a slight burning sensation while the solution is being injected. The procedure takes about 15-20 minutes and the results last 3-6 months. With repeated treatments, the results may tend to last longer.

RISKS AND COMPLICATIONS

It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to: 1.Post treatment discomfort, swelling, redness, and bruising, 2.Double Vision 3. Rarely weakened tear duct 5. Post treatment bacterial, and/or fungal infection requiring further treatment 6.Allergic reaction 7. Minor temporary droop of eyelid(s) in approximately 2% of injections, this usually lasts 2-3 weeks 8. Occasional numbness of the forehead lasting up to 2-3 weeks, 9.Transient headache, and 10. Flu-like symptoms may occur.

PHOTOGRAPHS

I authorize the taking of clinical photographs and their use for scientific purposes both in publications and presentations. I understand my identity will be protected.

PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE

I am not aware that I am pregnant and I am not trying to get pregnant, I am not Lactating (nursing), have any significant Neurologic disease including but not limited to Myasthenis Gravis, Multiple Sclerosis, Lambert-Eaton Syndrome, Amyotrophic Lateral Sclerosis (ALS), Parkinson’s or that I have any allergies to the toxin ingredients, or to human albumin.

PAYMENT

I understand that this is an "elective” cosmetic procedure and that payment is my responsibility.

RESULTS

I am aware that when small amounts of purified botulinum (“BOTOX®”) are injected into a muscle it causes weakness or paralysis of that muscle. This appears in 2 – 10 days and usually lasts 3-6 months but can be shorter or longer. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual and their some individuals who do not respond at all. I understand that I will not be able to “frown” while the injection is effective but that this will reverse after a period of months at which time re-treatment is appropriate. I understand that I must stay in the erect posture and that I must not manipulate the area (s) of the injections for the 2 hours post-injection period.

I understand this an elective procedure and I hereby voluntarily consent to treatment with Botox® injection for the condition known as: Facial Dynamic Wrinkles. The procedure has been fully explained to me. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history I will notify the office immediately.

Patient Name (Print) Patient Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name (Print) Witness Signature Date

**Neuromodulator Botulinum Toxin Type A Injectable Informed Consent**

I understand that I will be injected with botulinum A toxin in the area of the glabella muscles to paralyze these muscles temporarily, the forehead or crow’s feet around the lateral area of the eyes, or other areas deemed appropriate to treat by my provider. Injection of a neuromodulator into the small muscles between the brows causes those specific muscles to halt their function (be paralyzed), thereby improving the appearance of the wrinkles. I understand the goal is to decrease the wrinkles in the treated area. I understand that more than one injection may be needed to achieve a satisfactory result. This paralysis is temporary, and re-injection is necessary within three to four months to maintain the effect. It has been explained to me that other temporary and more permanent treatments are available.

I will follow all aftercare instructions, as it is crucial I do so for healing. I will not lay down flat or work out for four hours following treatment. I have been advised not to take any aspirin or anti-inflammatory medications for five to seven days prior to or after my neuromodulator injection appointment. Neuromodulators should not be administered to woman who is pregnant or nursing. As injecting neuromodulators is not an exact science, the number of units injected is an estimate of the amount of neuromodulator required to paralyze the muscles. There might be an uneven appearance of the face, with some muscles more affected by the neuromodulator than others. In most cases, this uneven appearance can be corrected by injecting neuromodulator in the same or nearby muscles; however, in some cases, this uneven appearance can persist for several weeks or months. This list is not meant to be inclusive of all possible risks associated with neuromodulators, as there are both known and unknown side effects associated with any medication or procedure.

I acknowledge that while good results are expected, I may be disappointed with the results of the procedure. The procedure may result in unacceptable visible deformities, loss of function and/or loss of sensation. I understand there is no guarantee of the results of any treatment.

Patient Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Risks and possible complications**

I understand and acknowledge that risks and complications may include:

* **Bleeding:** Bleeding is possible, though unusual.
* **Bruising:** Following this procedure, it is not uncommon for bruising to occur at the injection site. Bruising is possible anytime you inject a needle into the skin. This bruising can last for several hours, days, weeks, months, and, in rare cases, the effect of bruising could be permanent.
* **Damage to deeper structures:** This treatment can cause damage to structures such as nerves and blood vessels.
* **Allergic reactions:** In rare cases, local allergies to botulinum toxin A preparations have been reported. Systemic reactions, which are more serious, may result from any medication or substance used during the procedure. Allergic reactions may require additional treatment.
* **Infections:** Infections can occur, which in most cases are easily treatable, but, in rare cases, a permanent scarring in the area can appear.
* **Bumps:** Most people have lightly swollen pinkish bumps at the injection site for a couple of hours or even several days.
* **Headaches:** A small percentage of patients develop headaches for the first day following treatment with neuromodulators. In a very small percentage of patients, these headaches can persist for several days or weeks.
* **Local numbness, rash, pain at the injection site, flu-like symptoms with mild fever, and back pain.**
* **Respiratory problems, such as bronchitis or sinusitis, nausea, dizziness, and tightness or irritation of the skin.**
* **Weakness:** While local weakness of the injected muscles is representative of the expected pharmacological action of botulinum toxin A, weakness of adjacent muscles may occur as a result of the spread of the toxin.
* **Drooping of the eyelids (ptosis):** Injecting neuromodulator around the eyes may result in corneal exposure because people may not be able to blink the eyelids as often as they should to protect the eye. This inability to protect the eye has been associated with damage to the eye as impaired vision, or double vision, which is usually temporary. This reduced blinking has been associated with corneal ulcerations. There are medications that can help lift the eyelid; however, if the drooping is too great, eye drops are not particularly effective. These side effects can last for several weeks or longer. This occurs in two to five percent of patients.

I acknowledge that while good results are expected, I may be disappointed with the results of the procedure. The procedure may result in unacceptable visible deformities, loss of function and/or loss of sensation. I understand there is no guarantee of results of any treatment. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions. I consent to this treatment today and for all subsequent treatments.

Patient Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**BOTULINUM TREATMENT RECORD**

**Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Treatment Date\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Product\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_**  **Dilution (ml) \_\_\_\_\_\_\_\_\_\_\_Units/0.1ml\_\_\_\_\_\_\_\_\_\_1st Treatment\_\_\_\_Yes\_\_\_\_No**   |  |  |  |  | | --- | --- | --- | --- | |  | **Glabella Wrinkles** | **Orbital Wrinkles** | **Forehead Wrinkles** | | **Location** |  |  |  | | **Units** |  |  |  | | **Total Units Today** |  |   **Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Treatment Date\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Product\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_**  **Dilution (ml) \_\_\_\_\_\_\_\_\_\_\_\_\_ Units/0.1ml\_\_\_\_\_\_\_\_\_\_\_\_\_**   |  |  |  |  | | --- | --- | --- | --- | |  | **Gummy Smile** *(levator labii superioris alaeque nasi (LLSAN) muscle)* | **Lip Flip** | **Massetter Muscle** | | **Location** |  |  |  | | **Units** | *1 U to 4 U per side (2 to 8 U units maximum in both sides )* |  |  | | **Total Units Today** |  | |  | *The treatment for gummy smile is one injection site on each side into the LLSAN muscle using a low dose of BoNT/A, typically 1–4 units of onabotulinumtoxinA (Botox®), prabotulinumtoxinA (Jeuveau), or incobotulinumtoxinA (Xeomin®)* |   **Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Treatment Date\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Product\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_**  **Dilution (ml) \_\_\_\_\_\_\_\_\_\_\_\_\_ Units/0.1ml\_\_\_\_\_\_\_\_\_\_\_\_\_**   |  |  |  |  | | --- | --- | --- | --- | |  | **Platysmal Bands** | **Other** | **Other** | | **Location** |  |  |  | | **Units** | **(Max 30 U)** |  |  | | **Total Units Today** | *Ask patient to clench their teeth to depress the lateral mouth to exaggerate the platysmal bands. This will help determine where to place injection sites, normally between 2 and 6 sites per band.*  *Grasps the band between the thumb and index finger and injects 2–10u of Botox into each site approximately 1–2 cm apart, careful to avoid injecting too deeply* |   **Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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**You & I Primary Care, Aesthetics and Wellness**

**POST - TREATMENT INSTRUCTIONS**

**BOTULINUM TOXIN “A” (Botox®/Dysport®/Xeomin**®/ **Jeuveau®)**

**The guidelines to follow post treatment** **have been followed for years** and are still employed today to prevent the possible side effect such as ptosis. These measures should minimize the possibility of ptosis almost 98%.

* **No straining, heavy lifting, vigorous exercise** **for 3-4 hours** following treatment. It is now known that **it takes the toxin approximately 2 hours to bind itself to the nerve terminal to start its work**, and **we do not want to increase circulation** to inadvertently move the botulinum toxin from where it was injected*. This waiting period continues to be recommended by most practitioners.*
* **Avoid Manipulation of area for 3-4 hours** following treatment. **(For the same reasons listed above.)**  This includes not doing a facial, peel, or micro-dermabrasion after treatment with botulinum toxin. **A facial, peel, or micro-dermabrasion can be done in same appointment only if they are done before the Botulinum.**
* **Facial Exercises in the injected areas is recommended for 1-hour** following treatment, to **stimulate the binding of the toxin only to this localized area.**
* **It can take 2-10 days to take full effect.** It is recommended that the touch up, if needed, be done **no later than 2 weeks after the initial treatment.**

**Makeup** may be applied before leaving the office. Some practitioners recommend avoiding Retin-A, Glycolic acid, Vitamin C, and Kinerase *for 24 hrs* to the treated areas. **If you should have any questions or concerns please feel free to contact us at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Print Patient Name\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BOTULINUM TREATMENT RECORD**

**Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Treatment Date\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Product\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_**  **Dilution (ml) \_\_\_\_\_\_\_\_\_\_\_Units/0.1ml\_\_\_\_\_\_\_\_\_\_1st Treatment\_\_\_\_Yes\_\_\_\_No**   |  |  |  |  | | --- | --- | --- | --- | |  | **Bunny Lines** | **Mouth Corners** | **Chin** | | **Location** |  |  |  | | **Units** |  |  |  | | **Total Units Today** |  |   **Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Treatment Date\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Product\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_**  **Dilution (ml) \_\_\_\_\_\_\_\_\_\_\_\_\_ Units/0.1ml\_\_\_\_\_\_\_\_\_\_\_\_\_**   |  |  |  |  | | --- | --- | --- | --- | |  | **Hiperhidrosis** | **Other** | **Other** | | **Location** |  |  |  | | **Units** | 25 *U to 50 U per side ( Up to 100 U units maximum in both sides )* |  |  | | **Total Units Today** |  | |  | *Minimum 25 units per underarm , recommended 50 per side (total 100 units)*  *Very superficial at Dermis level , you need to see “bubble when injecting “ each injection points should be separated between 1 to 1.5 CM apart* |   **Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Treatment Date\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Product\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_**  **Dilution (ml) \_\_\_\_\_\_\_\_\_\_\_\_\_ Units/0.1ml\_\_\_\_\_\_\_\_\_\_\_\_\_**   |  |  |  |  | | --- | --- | --- | --- | |  | **Masseters Muscle Botox** | **Other** | **Other** | | **Location** | **25 U per side ( Max 50 U)** |  |  | | **Units** |  |  |  | |  | *Ask patient to clench their teeth to depress the lateral mouth to exaggerate the masstter muscle. This will help determine where to place injection sites, normally between 2 and 3 sites per side.*  *Injects 7 U to 15 U of Botox into each site approximately 1–2 cm apart.* |   **Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

