**VANITY:** BOTOX Treatment Record

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ File # \_\_\_\_\_\_\_\_\_\_\_

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

Product: 🞎 Botox / 🞎 Dysport

Lot Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ Reconstitution Date: \_\_\_\_\_\_\_\_\_\_ Expiry Date: \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Dose** | Right | Left |
| Procerus |  |  |
| Corrugator [H/B/T] |  |  |
| Frontalis |  |  |
| Crows Feet |  |  |
| Nasalis |  |  |
| Smokers |  |  |
| Bruxism |  |  |
|  |  |  |
|  |  |  |
|  |  |  |



L

R

MD Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RN Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Product: 🞎 Botox / 🞎 Dysport

Lot Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ Reconstitution Date: \_\_\_\_\_\_\_\_\_\_ Expiry Date: \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Dose** | Right | Left |
| Procerus |  |  |
| Corrugator [H/B/T] |  |  |
| Frontalis |  |  |
| Crows Feet |  |  |
| Nasalis |  |  |
| Smokers |  |  |
| Bruxism |  |  |
|  |  |  |
|  |  |  |
|  |  |  |



L

R

MD Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RN Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_