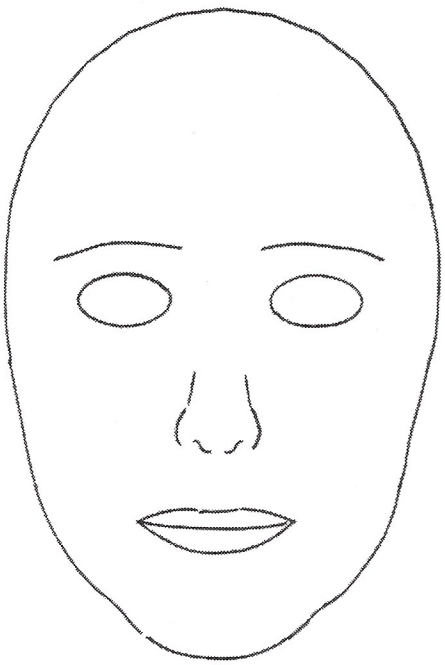
Patient Name:_____ Date:_____
Injector Name:_____

Neurotoxins:
Lot #/Exp dates: **B**otox Cosmetic _____/_____ **D**ysport_____/_____ **X**eomin_____/_____

Dilution: _____CC Dilution: _____CC Dilution: _____CC



Neurotoxin type (B,D,X)/sites of injection totals:

Forehead:	_____units	dilution: _____cc
Glabella:	_____units	dilution: _____cc
Brow lift:	_____units	dilution: _____cc
Crow's feet:	_____units	dilution: _____cc
Lower lids:	_____units	dilution: _____cc
Bunny Lines:	_____units	dilution: _____cc
Gummy smile:	_____units	dilution: _____cc
Nasal tip:	_____units	dilution: _____cc
Top lip:	_____units	dilution: _____cc
Lower lip:	_____units	dilution: _____cc
DAO:	_____units	dilution: _____cc
Chin:	_____units	dilution: _____cc
Jaw line:	_____units	dilution: _____cc
Platysma:	_____units	dilution: _____cc
Neck lines:	_____units	dilution: _____cc
Chest:	_____units	dilution: _____cc
Axillae:	_____units	dilution: _____cc
Other:	_____units	dilution: _____cc
Other:	_____units	dilution: _____cc

TOTAL: B_____ D_____ X_____ # Units

Filler Stickers:

Site/product:_____ used/remaining: _____/_____
Needle/s:_____ technique/s:_____
Site/product:_____ used/remaining: _____/_____
Needle/s:_____ technique/s:_____
Site/product:_____ used/remaining: _____/_____
Needle/s:_____ technique/s:_____
Site/product:_____ used/remaining: _____/_____
Needle/s:_____ technique/s:_____
Site/product:_____ used/remaining: _____/_____
Needle/s:_____ technique/s:_____

NOTES:

Address and phone number of practitioner_____
Name of supervising MD (if applicable)_____
Name of medical professional providing services_____