BOTOX TREATMENT RECORD

Patient Name / ID: _____

Date of Injection: _____

Anesthesia: _____

Product: _____
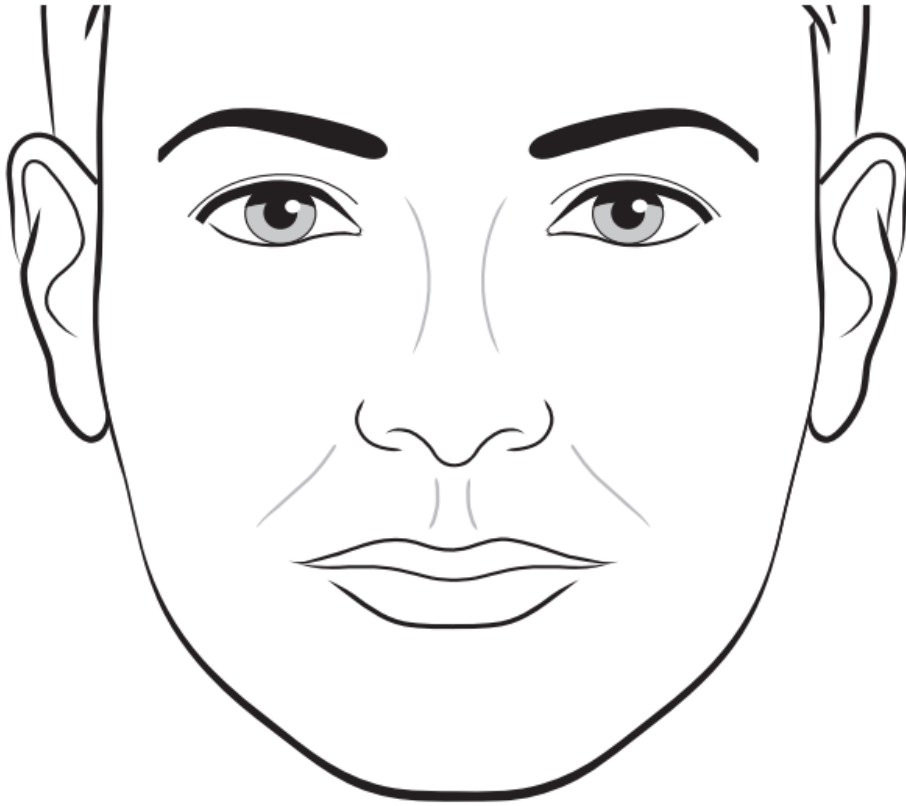
Lot Number: _____

Expiration Date: _____

Product size / total amount used: _____

Total per Treatment Area: _____

Notes/ Lot Stickers:

Practitioner Signature: _____