

Procedure Notes

5A. Botulinum Toxin Procedure Note for Cosmetic Treatments


Name _____ Last First _____ DOB: _____

Date:	Yes	No	S O S=Subjective O=Objective <input type="checkbox"/> <input type="checkbox"/> Frown Line/Glabella complex <input type="checkbox"/> <input type="checkbox"/> Forehead Lines/Frontalis muscle <input type="checkbox"/> <input type="checkbox"/> Crows Feet/Lateral orbicularis oculi <input type="checkbox"/> <input type="checkbox"/> Other: _____ <input type="checkbox"/> <input type="checkbox"/> Other: _____ <input type="checkbox"/> <input type="checkbox"/> Other: _____ <input type="checkbox"/> R/B/C/A of procedure discussed and all questions answered. <input type="checkbox"/> Written pre & post tx instructions given to pt. and reviewed. <input type="checkbox"/> Consent signed in chart.
Changes in Medications/Allergies?			
Pregnant or Nursing?			
Changes in health status?			
Procedure: Botox was injected SQ/IM using a ____ gauge ____ inch needle in the following area(s) below: Botox: lot # _____ exp. _____			Pre-procedure: Prepped site with alcohol <input type="checkbox"/> Ice for anesthesia <input type="checkbox"/> Photos taken Other: _____
Area:	Area:		
Vol/Units: _____	Vol/Units: _____		
Area:	Follow-up/Touch-up Area: Vol/Units: _____		Post-procedure: Pt. tolerated procedure _____ Bruise noted _____ <input type="checkbox"/> Applied ice
Vol/Units: _____			

A/P: Static/dynamic rhytids _____ (areas)

Notes: _____

*See Medication and Allergy list
☐ See narrative progress notes
Performed by: _____



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