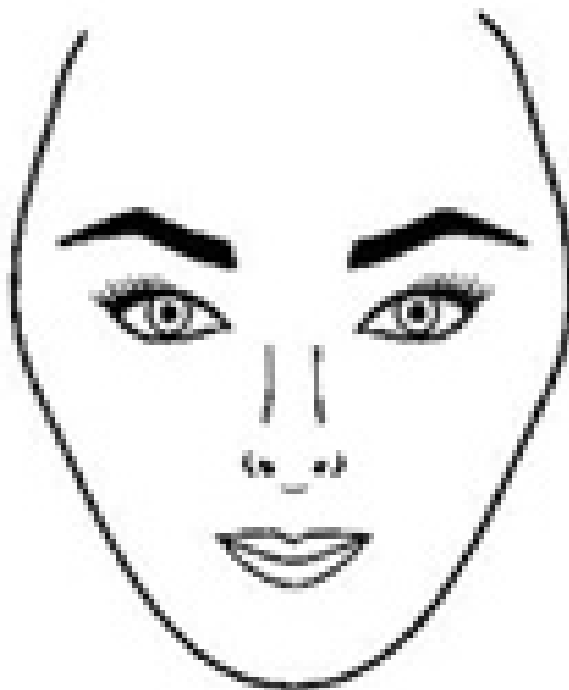


Botulinum Toxin Type A Patient Treatment Record

Patient Name:	Patient DOB:
Date of Treatment: Time of Treatment	Practitioner: Signature:



Product:	Batch:	Exp:	Volume:	POIG
Diluent:	Batch:	Exp:	Volume:	POIG
Glabella				
Forehead				
Crow's feet				
Additional areas				

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