

Spaulding

Botulinum Toxin Type A: Treatment Record

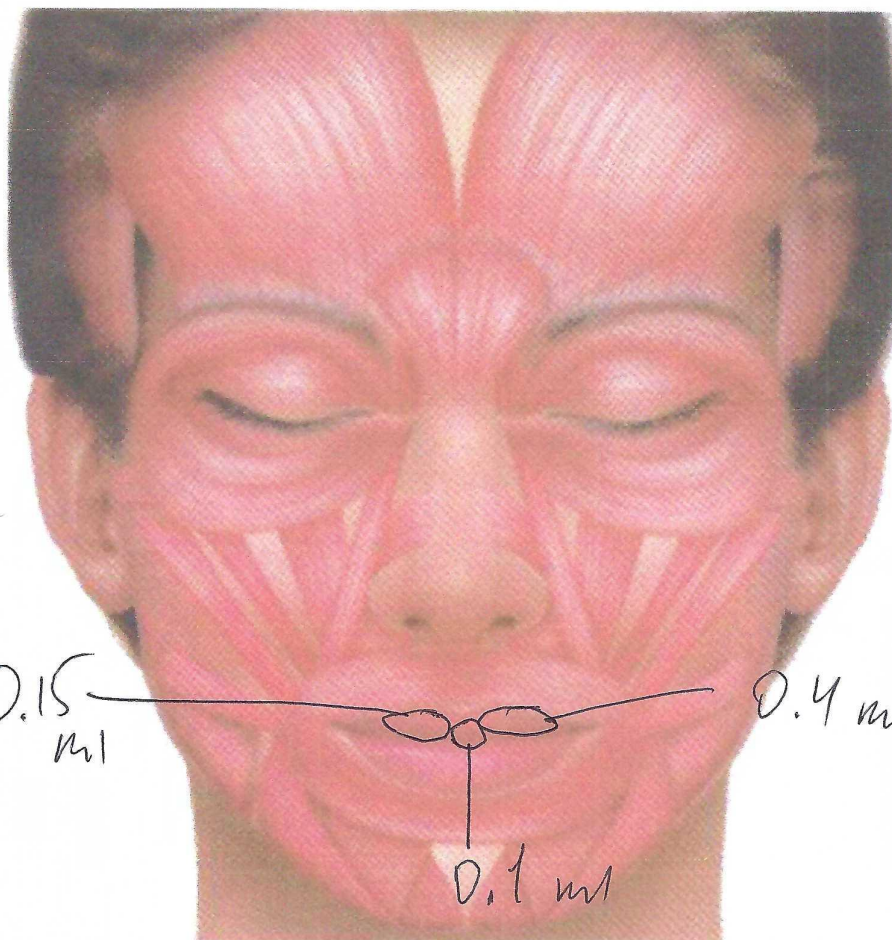
Patient Name: Ferrifer Date: 2/20/2024

Medical/Medication Changes? Yes No Initials: _____ Drug Allergies? Yes No Initials: _____

Areas Treated: (check all that apply) Glabella Forehead Crows feet Brow Lift Other: _____

Treatment Date: _____

Dilution (mL)			
Units/0.1 mL			



ULTRA PLUS XC 1mL
GTIN 10888628000117
LOT 1000578206
EXP 2024-08-11

Patient Tolerance: Good Fair Poor Post care reviewed? Yes No Post Ice? Yes No

Treatment Notes: _____