

Botulinum Toxin Type A: Treatment Record

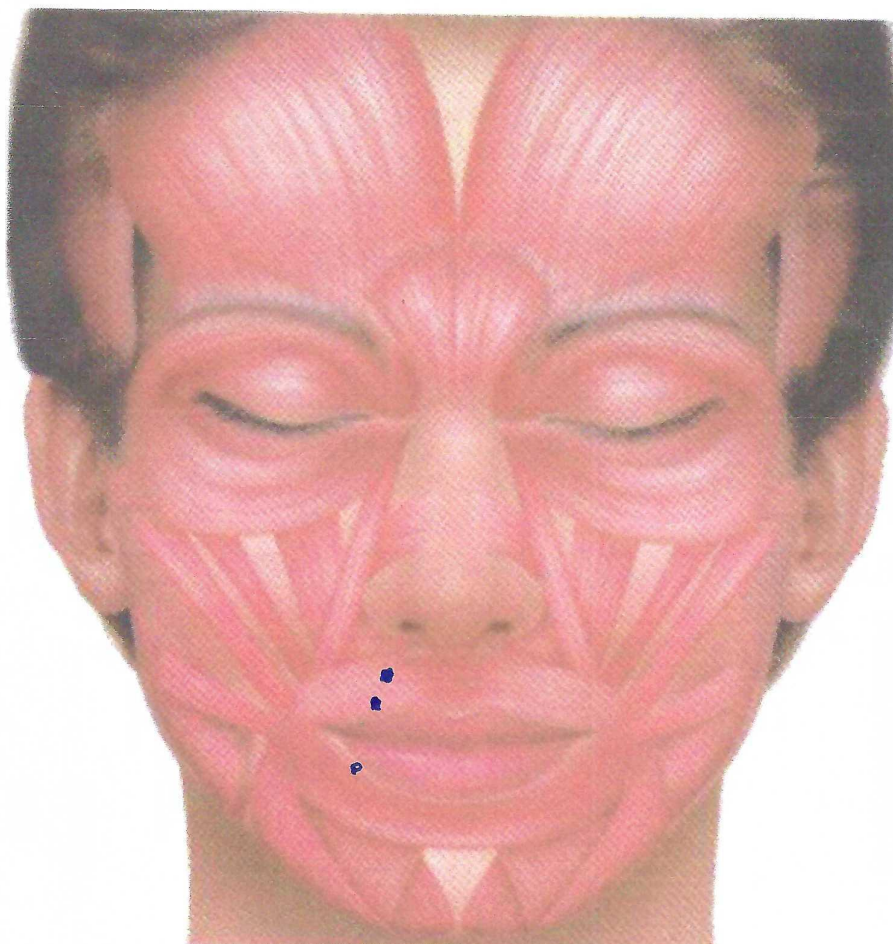
Patient Name: Nonna ~~Debra~~ Ugones Date: 1/29/24

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: 1/29/24

Dilution (mL)			
Units/0.1 mL			



Kenalog 40mg
lot: AP210471
exp: 11/2023.

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

Treatment Notes: _____
