

Treatment Record

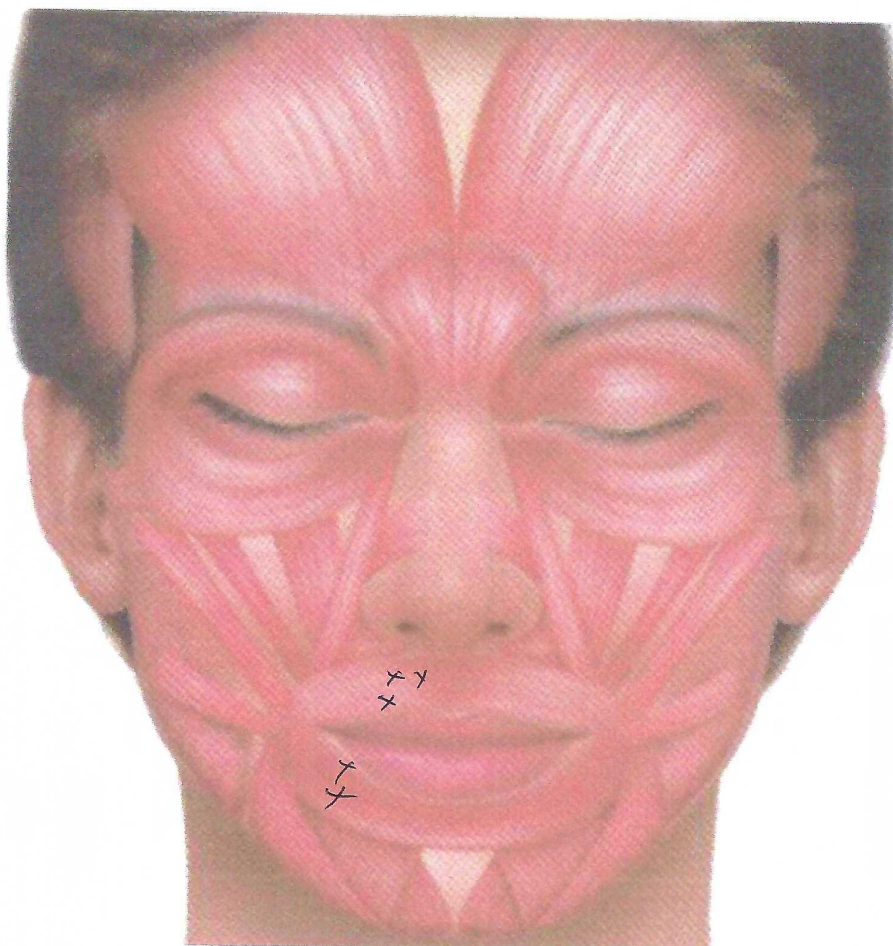
Patient Name: Nonna Ugorets Date: 2/26/24.

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: 2/26/2024.

Dilution (mL)			
Units/0.1 mL			



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

Treatment Notes: Marked areas 0.2-0.3 cc ianalog 40 injected.