

Kenolog 40
Botulinum Toxin Type A: Treatment Record

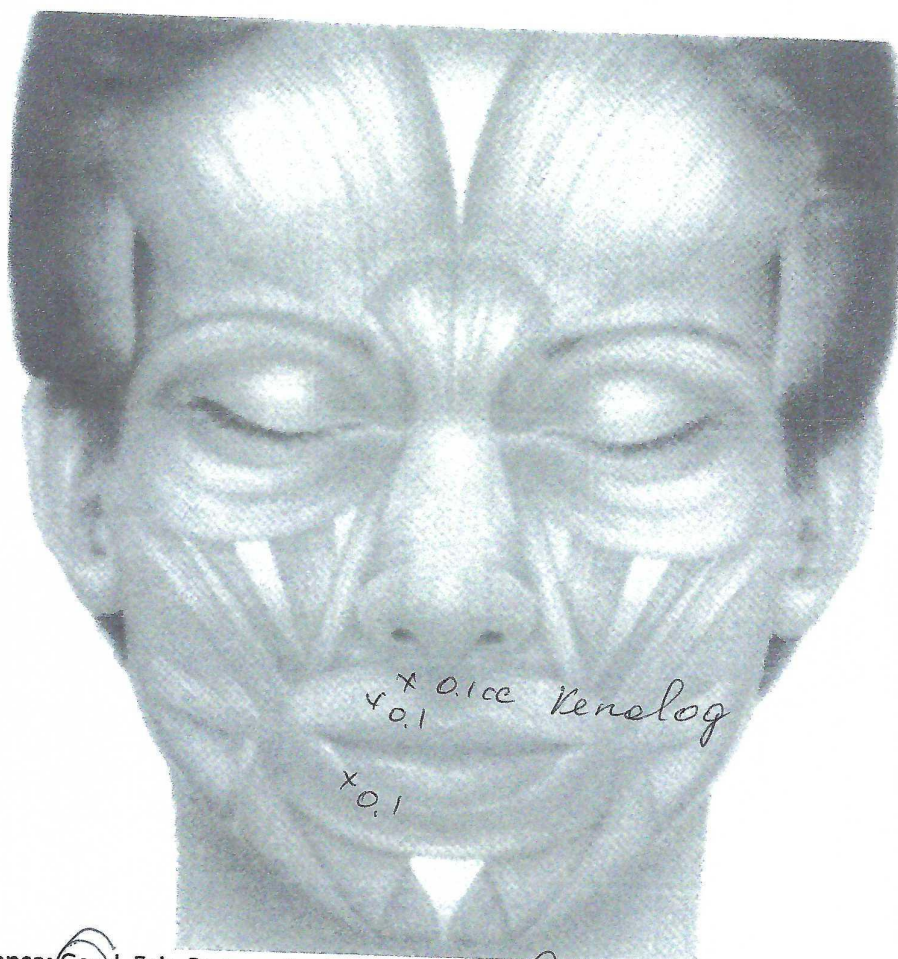
Patient Name: _____ Date: _____

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: 3/28/24

Dilution (mL)			
Units/0.1 mL			



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

Treatment Notes: _____
