

Botox Treatment Note (Detailed)

Treatment:

Previous Treatment:

Relevant Medical History:

Medications:

Allergies:

Smoker?

Yes No

H/O Previous Treatments / Examination:

Diagram of Clinical Assessment / Treatment Areas:

Provisional Diagnosis with Suggested Treatment Plan & Initial Quotation:

Possible Risks discussed:

Additional Recommendations/Comments/Notes:

Practitioner Signature *

Date: _____ dd / mm / yyyy