Botox face chart — treatment record

Map injection sites, record units per facial zone, and file with the patient record on the day of treatment.

pabau.com
FREE PRINTABLE TEMPLATE

PATIENT NAME

DATE OF BIRTH / PATIENT ID

DATE OF TREATMENT

TREATING PRACTITIONER

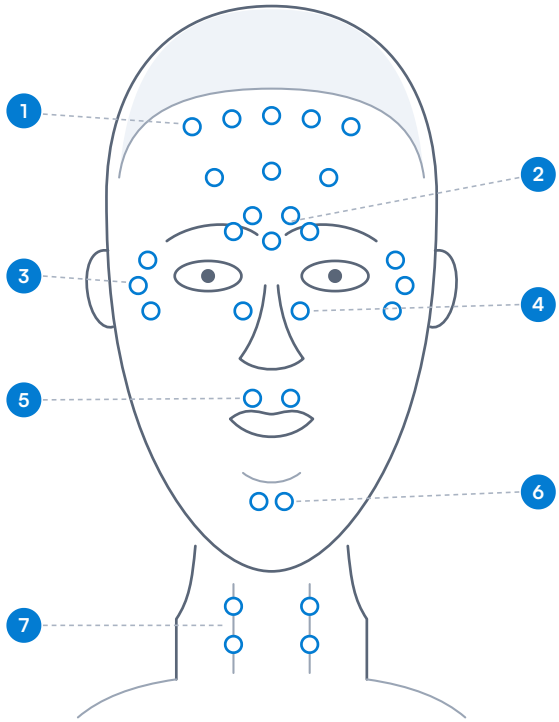
PRODUCT USED

☐ Botox ☐ Dysport ☐ Xeomin ☐ Azzalure ☐ Other

BATCH / LOT NUMBER

EXPIRY & DILUTION PER 0.1 ML

A MARK THE INJECTION SITES



Frontal view as the injector sees the patient. The patient's right side appears on your left.

○ **Planned** site ● **Injected** ✗ **Omitted**

PATIENT'S STATED GOAL

B RECORD THE UNITS DELIVERED PER ZONE

#	FACIAL ZONE AND MUSCLE	TYPICAL RANGE	SITES	UNITS GIVEN
1	**Forehead** Frontalis	10-30 units		
2	**Glabella** Corrugator and procerus	20-30 units		
3	**Crow's feet** Orbicularis oculi	5-15 per side		
4	**Bunny lines** Nasalis	4-8 per side		
5	**Lip area** Orbicularis oris and levators	2-4 per side		
6	**Chin** Mentalis	4-8 units		
7	**Neck** Platysma	10-20 per side		
8	**Other** Specify the muscle treated	—		

Total units delivered

Dosing stays a clinical decision. The ranges above are typical starting points only. Adjust for patient anatomy, muscle mass, gender, and the product used. Botox, Dysport, Xeomin, and Azzalure are not interchangeable unit for unit, so record the brand and check its prescribing information.

C OBSERVATIONS AT THE TIME OF INJECTION

Assessment, aftercare, and review

Complete alongside page 1 and keep both pages together in the patient's clinical file.

pabau.com
FREE PRINTABLE TEMPLATE

PATIENT NAME | DATE OF TREATMENT | TREATING PRACTITIONER

D PRE-TREATMENT ASSESSMENT

- [ ] Medical history reviewed and updated
- [ ] Written consent obtained and filed
- [ ] Baseline photographs taken
- [ ] Resting face and animation assessed
- [ ] Brow position and symmetry recorded
- [ ] Muscle strength graded per zone
- [ ] Previous toxin treatment and response noted
- [ ] Expectations discussed, including the 7-14 day settling period

E CONTRAINDICATIONS SCREENED

- [ ] Pregnancy or breastfeeding
- [ ] Neuromuscular disorder
- [ ] Known hypersensitivity to botulinum toxin
- [ ] Active infection or inflammation at the site
- [ ] Recent facial surgery or dental work
- [ ] Anticoagulant or aminoglycoside therapy
- [ ] Unrealistic expectations or body dysmorphia
- [ ] None identified — safe to proceed

F TREATMENT NOTES AND DEVIATIONS FROM PROTOCOL

G AFTERCARE ADVICE GIVEN

- [ ] Stay upright for 4 hours
- [ ] No rubbing or massage of treated areas
- [ ] No exercise for 24 hours
- [ ] No heat treatments or facials for 2 weeks
- [ ] Written aftercare sheet issued
- [ ] Practice contact details given for concerns

H REVIEW AND OUTCOME

REVIEW APPOINTMENT DATE | OUTCOME AT REVIEW | TOP-UP UNITS GIVEN

ADVERSE EVENTS REPORTED | ACTION TAKEN AND WHO WAS INFORMED

I SIGNATURES

PRACTITIONER SIGNATURE | PRINT NAME AND REGISTRATION NUMBER | DATE

PATIENT SIGNATURE | PRINT NAME | DATE