BOTULINUM TOXIN INJECTION TREATMENT RECORD

Facial mapping and treatment documentation sheet

Dermax Professional Resource

Patient Name / ID _____ **Date** _____

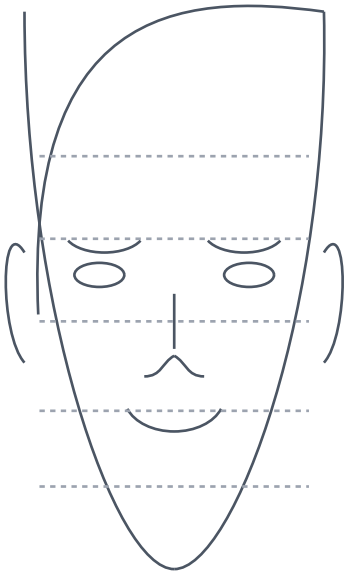
Practitioner _____ **Clinic / Department** _____

Record / Visit No. _____ **Consent / required documentation** ☐ Recorded separately ☐ Attached ☐ Not applicable

Product / Brand _____ **Strength / Presentation** _____

Lot / Batch No. _____ **Expiry Date** _____

FACIAL MAPPING



Front facial map - mark treatment areas as documented

TREATMENT DOCUMENTATION

Area / Zone	Mapped Reference	Recorded Amount*	Notes
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

* Record treatment amounts according to the selected product and clinic documentation process.

TREATMENT NOTES / FOLLOW-UP

Follow-Up Date _____ **Next Review / Notes** _____

Practitioner Signature _____ **Date / Time** _____

Patient / Representative (if required) _____ **Record Filed / EMR Ref.** _____