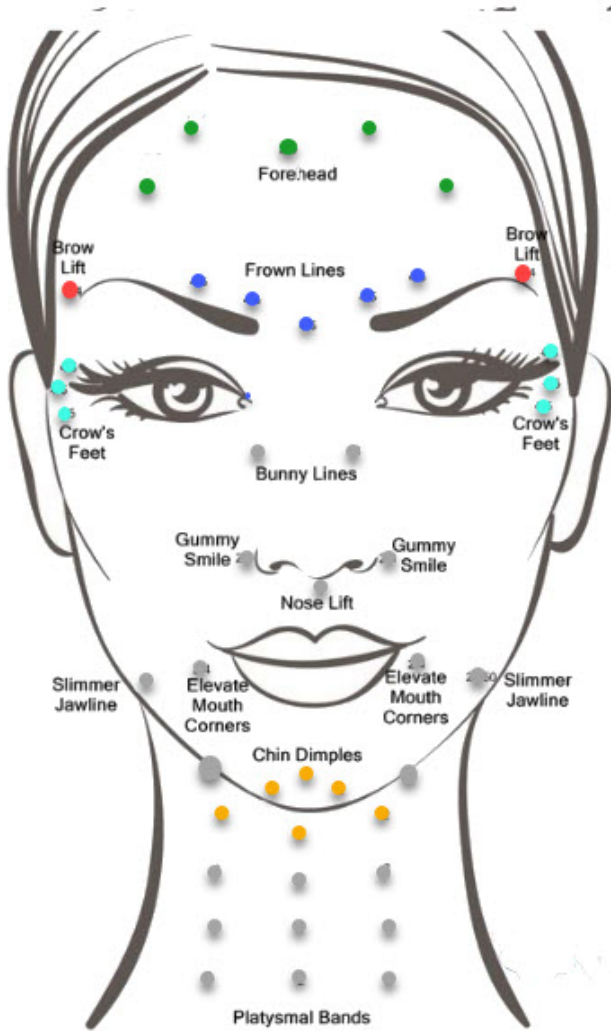


Botox Injection Site Record

First and Last Name *



	Session 1	Session 2	Session 3
Treatment date			
Dilution (mL)			
Units / 0.1mL			
Location /Area			
Lot No			
Expiration date			
Site A			
Site B			
Site C			
Site D			
Total Units			