



TREATMENT RECORD

Botulinum toxin *units and areas*

FILE NO. _____

Mark each injection point on the chart and write the units per area on the back. Units are not interchangeable between products.

01 Treatment

Patient _____

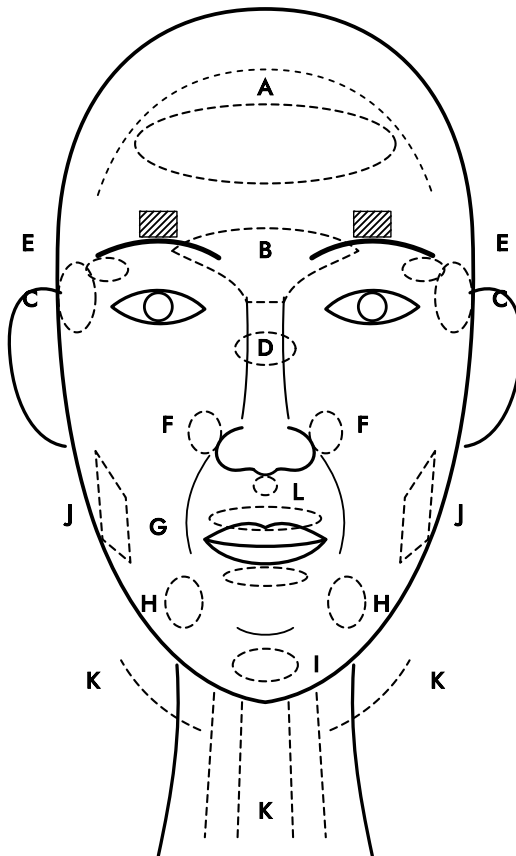
Date _____

Product

☐ Botox ☐ Dysport ☐ Xeomin ☐ Other

PATIENT'S RIGHT

PATIENT'S LEFT



Mark each injection point with a dot and write the units next to it. Hatched: keep clear (eyelid droop).



BOTULINUM TOXIN · CONTINUED

02 Units per area

AREA	RIGHT	LEFT	TOTAL
A Forehead frontalis			
B Frown lines procerus, corrugators, depressor supercilii			
C Crow's feet lateral orbicularis oculi			
D Bunny lines nasalis			
E Brow tail lift superolateral orbicularis oculi			
F Gummy smile LLSAN			
G Lip lines orbicularis oris			
H Mouth corners DAO			
I Chin mentalis			
J Masseter masseter			
K Neck bands, jawline platysma			
L Nasal tip depressor septi nasi			
+ Other _____			
Total units			

Notes