

Botulinum Toxin/Filler Treatment Record

(2020-05-29)

Name:	Op #:	<input type="checkbox"/> Registered on FACETEC <input type="checkbox"/> PTIFA Patient OR Patient of: _____ <input type="checkbox"/> Post Care Handout(s)						
Treatment Number	1	2	3	4	5	6	7	8
Date of visit								
RFRPS Series Before taken								
Marked Photos taken								
FaceTec Chart Upload								
FaceTec Photo Upload								
Total units								
Lot # Exp. Date								
Comments								

