PAIN INSTACARE-COSMETIC BOTOX

REGISTRATION			
Name:		DOB:	Sex: M/F
Address:			
Phone: Cell	Work	Hom	ne
Email:			
How did you hear about	us: Friend:	Facebook/ Social / TV/Bi	illboard/Online/Newspaper/Magazine
ALLERGIES:	Medications:		Any blood thinners: Yes/No
PROGRAMS INTERESTED	DIN:		
вотох	FILLERS	SKIN REJUVENATION	SKIN WHITENING
TATOO REMOVAL	HAIR REDUCTION	BODY CONTOURING	LIPOSUCTION
INSTASLIM WEIGHT LOSS	S (Usually 1 month program patie	ent lose about 2-5lb/week if f	followed)
AREAS OF CORNERNS			
	How much B	otox do l ne	ed?



REVIOUSLY TREATED: YES	(where)	/ who	/No. of units_
esults:			

TREATMENTS

Date:	Total Units: Suggested/ Injected	Wt. Loss	Amount Charged:
Eyebrow Lift 2 - 5 units Crow's Feet (each side) 5 - 15 units Square Jaw/Masseter 40 - 60 units Dimpled Chin 2 - 6 units Neck/Platysmal Lines 25 - 50 units	Forehead Lines 10 - 30 units Frown Lines/Glabellar 10 - 25 units Bunny/Nasails Lines 5 - 10 units Smile Lift (Corners of the mouth) 3 - 6 units	Comments:	
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