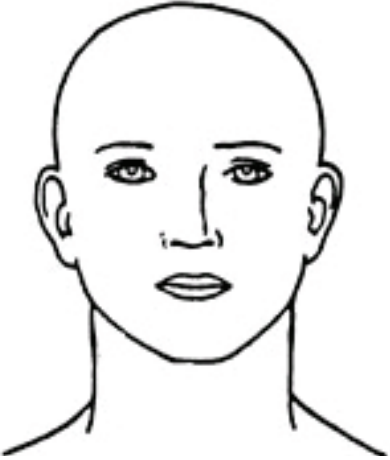


NEUROMODULATOR TREATMENT NOTE

- No history of neuromuscular conditions (myasthenia gravis, lambert-eaton, amyotrophic lateral sclerosis)
- Not pregnant or breastfeeding
- Not on aminoglycosides (Neotabs-Neomycin; Polymyxins; Tobramycin), Penicillamine, Quinidine.

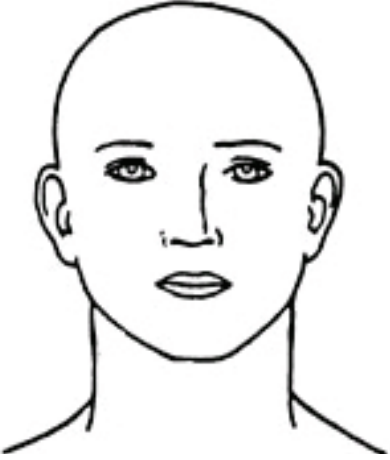


DATE:	TREATMENT #	Lot #	Exp Date:
P:	DX: <input type="checkbox"/> Dynamic Rhytids		
RR:	Treatment:		
B/P	<input type="checkbox"/> Risks discussed: off label usage, HA, ptosis, bruising, incomplete response, asymmetry, pain, bleeding, etc. <input type="checkbox"/> EtOH skin prep <input type="checkbox"/> Treated with _____ units total		
<input type="checkbox"/> Consent Obtained			
<input type="checkbox"/> Ice for anesthesia and hemostasis	Post Op: <input type="checkbox"/> Remain upright for 2 hrs, No massage <input type="checkbox"/> Activate muscles x 10 mins <input type="checkbox"/> Complications: _____ <input type="checkbox"/> Next Tx: _____		
Y / N Using ASA, Advil, Plavix, Vit E, Coumadin, Ginkgo			



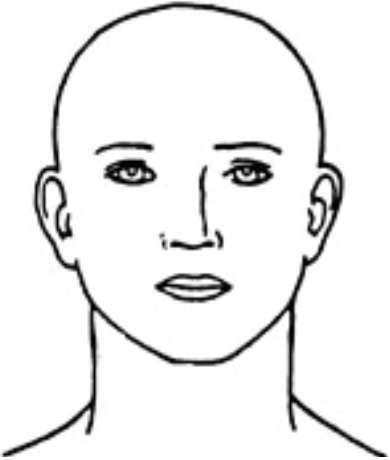
Attending Signature: _____ Date: _____ Time: _____

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Attending Signature: _____ Date: _____ Time: _____