Dysport® Treatment Form

Patient Name (Please Print)

___________________________

Chief Complaint

___________________________

Date of Service (Treatment)

Dilution Used: 300 unit Vial

<table>
<thead>
<tr>
<th>Dilution</th>
<th># Units/1.0ml</th>
<th># Units/0.1ml</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.0 cc</td>
<td>150 U/1.0ml</td>
<td>15 U/0.1ml</td>
</tr>
<tr>
<td>2.5 cc</td>
<td>120 U/1.0ml</td>
<td>12 U/0.1ml</td>
</tr>
<tr>
<td>3.0 cc</td>
<td>100 U/1.0ml</td>
<td>10 U/0.1ml</td>
</tr>
<tr>
<td>4.0 cc</td>
<td>75 U/1.0ml</td>
<td>7.5 U/0.1ml</td>
</tr>
</tbody>
</table>

Dilution Used: 500 unit Vial

<table>
<thead>
<tr>
<th>Dilution</th>
<th># Units/1.0ml</th>
<th># Units/0.1ml</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5 cc</td>
<td>200 U/1.0ml</td>
<td>20 U/0.1ml</td>
</tr>
<tr>
<td>4.0 cc</td>
<td>125 U/1.0ml</td>
<td>12.5 U/0.1ml</td>
</tr>
<tr>
<td>5.0 cc</td>
<td>100 U/1.0ml</td>
<td>10 U/0.1ml</td>
</tr>
</tbody>
</table>

Medication Information

___________________________

Lot Number

___________________________

Expiration Date

Place Label Here

Note: Please mark diagram (above) with number of units at each injection area as a history of the dosage per area. If touch-up treatments are performed please note original chart. This record is helpful for future treatments as it details the dosages per treatment area prior.

Remarks: ______________________________________________________________

_______ (R) _______ (L)

Total Units (Forehead) ________
Total Units (Glabellar) ________
Total Units (Crows Feet) ________
Total Units (Other Area) ________

TOTAL UNITS = ________

Injector/Clinician Signature

___________________________

Physician Signature

___________________________