

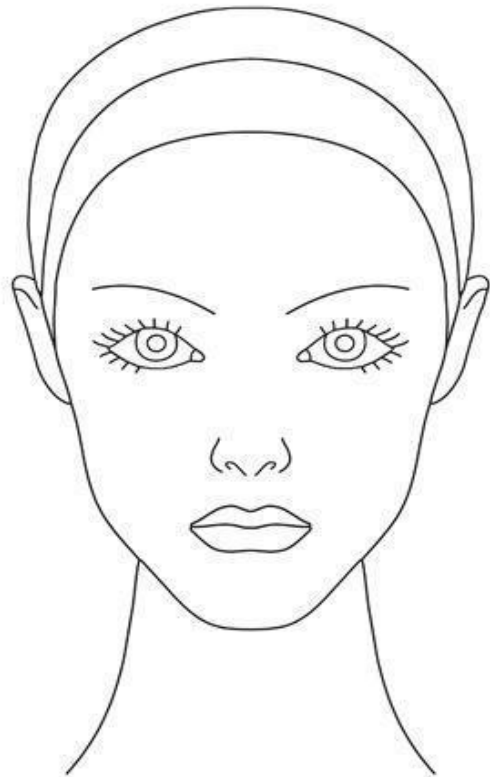
# Injectable Treatment Record

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Medical Director: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_  
 Instructor Notes:  
  
 Signature:



- Medical History Reviewed
- Physician/NP Order Obtained
- Informed Consent Obtained
- Pre & Post Treatments Instructions Reviewed
- Before picture
- After picture

Lot # Stickers:

Treatment Notes:	Treatment Notes:	Treatment Notes:
<p><b>Student 1</b>            Injection done by:            Area(s) of Injection:</p>          <p>Amount:            Reaction:</p>          <p>Signature:</p>	<p><b>Student 2</b>            Injection done by:            Area(s) of Injection:</p>          <p>Amount:            Reaction:</p>          <p>Signature:</p>	<p><b>Student 3</b>            Injection done by:            Area(s) of Injection:</p>          <p>Amount:            Reaction:</p>          <p>Signature:</p>