



Name: \_\_\_\_\_

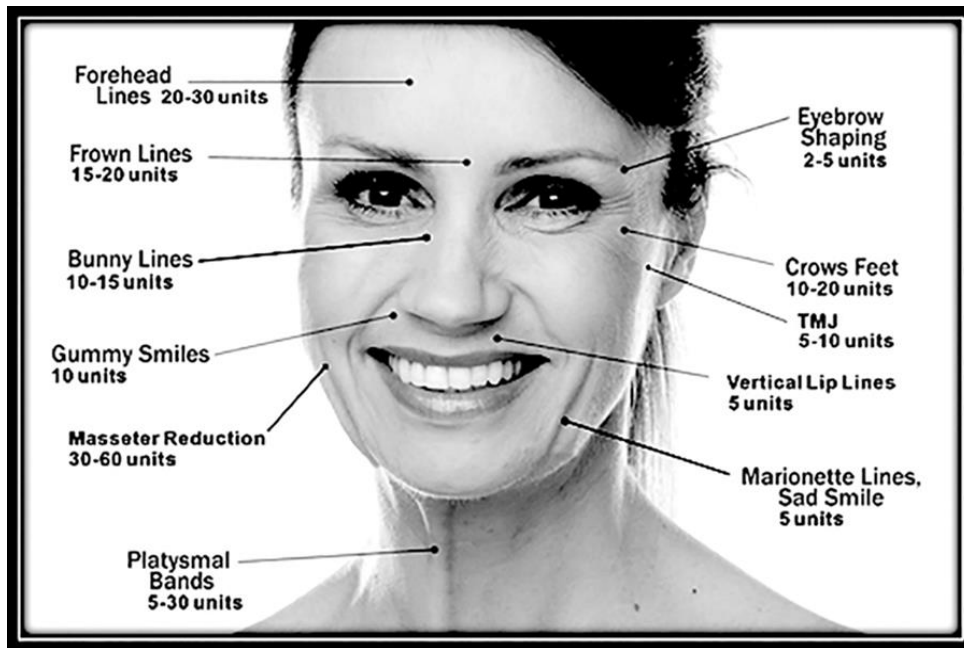
Is this your 1st time getting Botox? Yes No

Would you like numbing cream to minimize the pain on injection? Yes (Let us know now) No

How did you hear of Botox Oahu? \_\_\_\_\_

Were there any problems you had with Botox, such as droopy eye or "Spock eyes?"  
\_\_\_\_\_

Where would you like to get the Botox injections? Circle name of areas.



Do you have any allergies? No Yes \_\_\_\_\_

Have you taken Motrin, Aleve, or Naprosyn in the last 3 days? No Yes

Have you taken Aspirin, blood thinners, or Excedrin in the last week? No Yes

Have you ever been diagnosed with ALS, (MS) Multiple Sclerosis, Lambert-Eaton or Guillain Barre syndrome? No Yes \_\_\_\_\_

Could you be pregnant? No Yes

Would you like to purchase the numbing cream to use for future injections or do you want the doctor to send a prescription to your pharmacy? Yes No



Remember that if you give us a 5 star rating (Please!) on Yelp for your services today you will get a credit of \$25 for your next visit. Please let us know if we can serve you better in any way. Mahalo!