



Botox Face Mapping Template

Today's date: _____

• Patient Information

Full name: _____ Date of birth: _____

Gender: ☐ Female ☐ Male ☐ Non-binary ☐ Prefer not to say

Contact information: _____ Emergency contact: _____

Have you been previously injected with Botox?

☐ Yes ☐ No

If yes, please specify which brand of Botox you received and when you last received it:

Please select which of the symptoms you had from Botox (if applicable)

☐ Itching ☐ Rash ☐ Swelling ☐ Asthma symptoms ☐ Feeling faint

☐ Feeling dizzy ☐ None of the mentioned

• Areas treated

(fill in the tables below for all the treated areas)

Product name: _____

Forehead Lines:

Units of Botox used:	
Lot:	
Muscles Involved:	

Frown Lines (Glabella):

Units of Botox used:	
Lot:	
Muscles Involved:	

Crow's feet (Lateral Canthal Lines)

Units of Botox used:	
Lot:	
Muscles Involved:	

Bunny Lines (Nasal):

Units of Botox used:	
Lot:	
Muscles Involved:	

Smoker's Lines (Perioral Lines):

Units of Botox used:	
Lot:	
Muscles Involved:	

Gummy Smile:

Units of Botox used:	
Lot:	
Muscles Involved:	

Dimpled Chin (Cobblestone Chin):

Units of Botox used:	
Lot:	
Muscles Involved:	

Neck Bands (Platysmal Bands):

Units of Botox used:	
Lot:	
Muscles Involved:	



• Notes

Client's concerns or requests:

Follow-up recommendations:
