



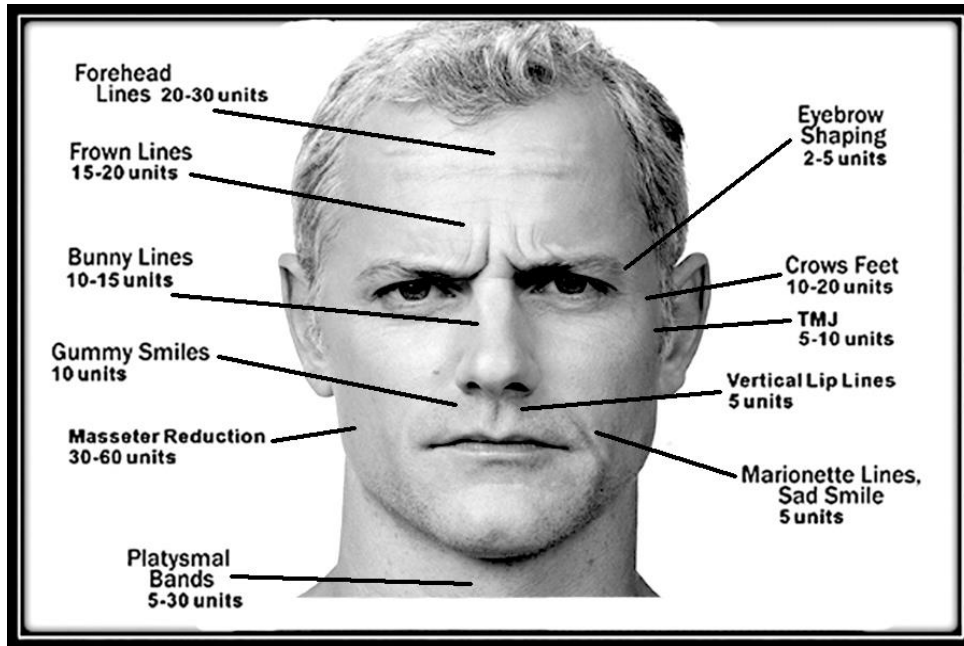
Is this your 1st time getting Botox? Yes No

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 in the past 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 _____

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



Please help our practice grow and leave a review on Yelp! Receive a \$25 credit towards your next procedure for each friend you refer. Please let us know if we can serve you better in any way. Mahalo!