

# Botox Treatment Plan

## Patient Information

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Treating Doctor Name: \_\_\_\_\_

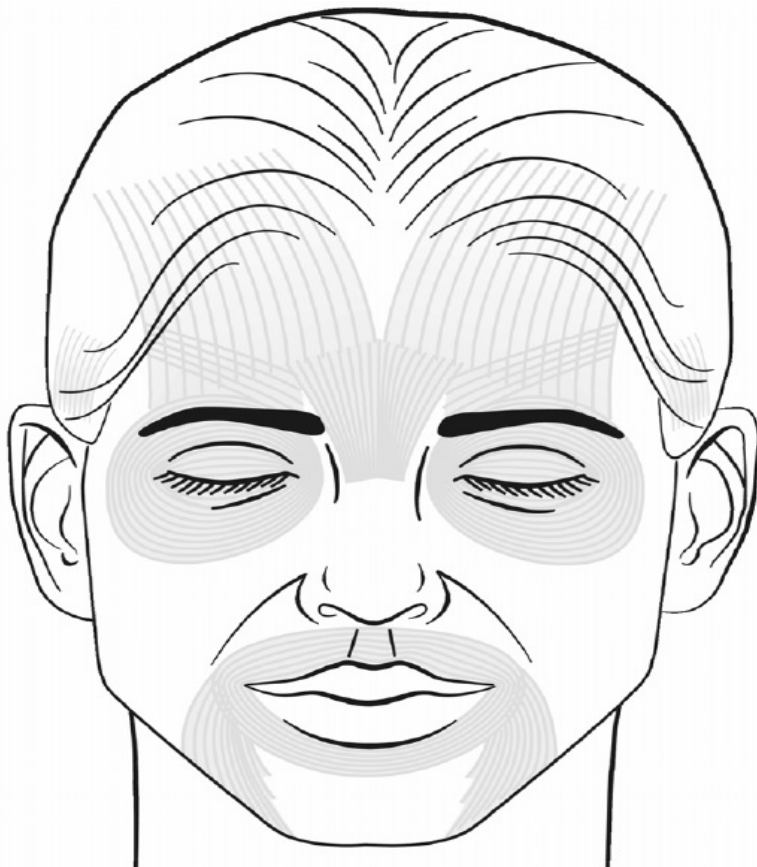
Health History Completed? Yes  No  Date: \_\_\_\_\_ Doctor Initial: \_\_\_\_\_

Dental / Head and Neck Examination Completed? Yes  No  Date: \_\_\_\_\_ Doctor Initial: \_\_\_\_\_

Informed Consent Completed? Yes  No

## Diagnosis ICD-10 Codes (Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> K03.0 Excessive attrition        | <input type="checkbox"/> M26.60 TMJ disorders                             | <input type="checkbox"/> M79.1 Myalgia                     |
| <input type="checkbox"/> K03.81 Cracked tooth             | <input type="checkbox"/> M26.63 TMJ disc disorder (reducing/non-reducing) | <input type="checkbox"/> M60.9 Myofascial pain             |
| <input type="checkbox"/> K06.0 Gingival recession         | <input type="checkbox"/> M26.69 TMJ sounds opening/closing jaw            | <input type="checkbox"/> M79.2 Neuralgia, neuritis, facial |
| <input type="checkbox"/> M26.00 Anomalies of jaw size     | <input type="checkbox"/> M26.9 Dentofacial anomalies                      | <input type="checkbox"/> S03.4XXA Jaw sprain               |
| <input type="checkbox"/> M26.11 Maxillary asymmetry       | <input type="checkbox"/> K13.0 Diseases of lips                           | <input type="checkbox"/> G44.209 Tension headache          |
| <input type="checkbox"/> M26.12 Jaw asymmetry             | <input type="checkbox"/> K13.70 Cheek/Lip biting                          | <input type="checkbox"/> G43.109 Migraine with aura        |
| <input type="checkbox"/> M26.52 Orofacial dyskinesia      | <input type="checkbox"/> K08.419 Loss of teeth trauma                     | <input type="checkbox"/> G43.009 Migraine without aura     |
| <input type="checkbox"/> M26.53 Limited range of motion   | <input type="checkbox"/> G47.63 Sleep related bruxism                     | <input type="checkbox"/> G43.811 Cluster headache          |
| <input type="checkbox"/> M26.53 Deviation opening closing | <input type="checkbox"/> M62.40 Muscle spasm                              | <input type="checkbox"/> R51 Headache                      |
| <input type="checkbox"/> M26.50 Dentofacial abnormal fx   | <input type="checkbox"/> G50.1 Atypical facial pain                       | <input type="checkbox"/> F45.8 Bruxism                     |
| <input type="checkbox"/> K08.109 Loss of teeth            | <input type="checkbox"/> R25.0 Trismus                                    | <input type="checkbox"/> G50.0 Trigeminal neuralgia        |
|   |   | <input type="checkbox"/> _____ Other                       |



Muscle	Dosage (in units)	Syringe Volume
Frontalis		
Glabella		
(L) Orbicularis oculi		
(R) Orbicularis oculi		
Orbicularis Oris		
(L) Temporalis		
(R) Temporalis		
(L) Masseter		
(R) Masseter		

Total units needed: \_\_\_\_\_