

Brain and Spine Center

Chemodenervation of Facial Nerve (CPT 64615)

Patient Name: _____ DOB: ____/____/____

Treatment Date: ____/____/____ Weeks since last treatment (if apl.): _____

Number of headache days/month—current: _____ Baseline (if apl.): _____

Number of headache hours/day—current: _____ Baseline (if apl.): _____

Consent: I understand there may be some element of risk from a Botox injection such as:

- _____ Bruising at an injection site is not uncommon.
- _____ Drooping of an eye has occasionally occurred but is very rare and temporary.
- _____ Dryness of the eyes may occasionally occur.
- _____ Facial expressions may be slightly asymmetric.
- _____ Transient double vision has been reported.
- _____ It may be more difficult to chew, if the chewing muscles are affected.

Patient signature: _____ Date: _____

Vial Size/NDC No.	Lot number(s)	Vial expiration date(s)
200 Unit Vial/NDC No.: 00023-3921-02 ^a		
100 Unit Vial/NDC No.: 00023-1145-01 ^a		

Please check box if an SPP is used. Dilution (200 Units/4 mL or 100 Units/2 mL)

BOTOX® Dosing by Muscle Areas for Chronic Migraine



A. Corrugator

BOTOX® dosage: 10 units divided in
2 sites Right: _____ Left: _____

B. Procerus

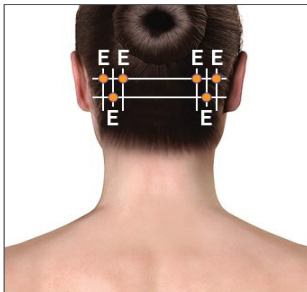
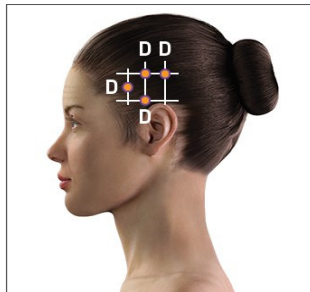
BOTOX® dosage: 5 units divided in
1 site _____

C. Frontalis

BOTOX® dosage: 20 units divided in
4 sites Right: _____ Left: _____

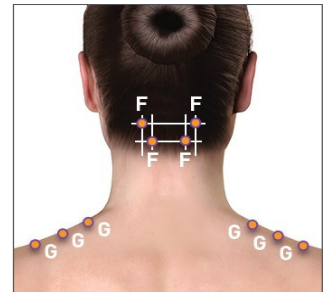
D. Temporalis

BOTOX® dosage: 40 units divided in
8 sites Right: _____ Left: _____



E. Occipitalis

BOTOX® dosage: 30 units divided in
6 sites Right: _____ Left: _____



F. Cervical Paraspinal

BOTOX® dosage: 20 units divided in
4 sites Right: _____ Left: _____

G. Trapezius

BOTOX® dosage: 30 units divided in
6 sites Right: _____ Left: _____

Total Units injected: _____

Total Units discarded: _____

Physician signature: _____ Date: _____