

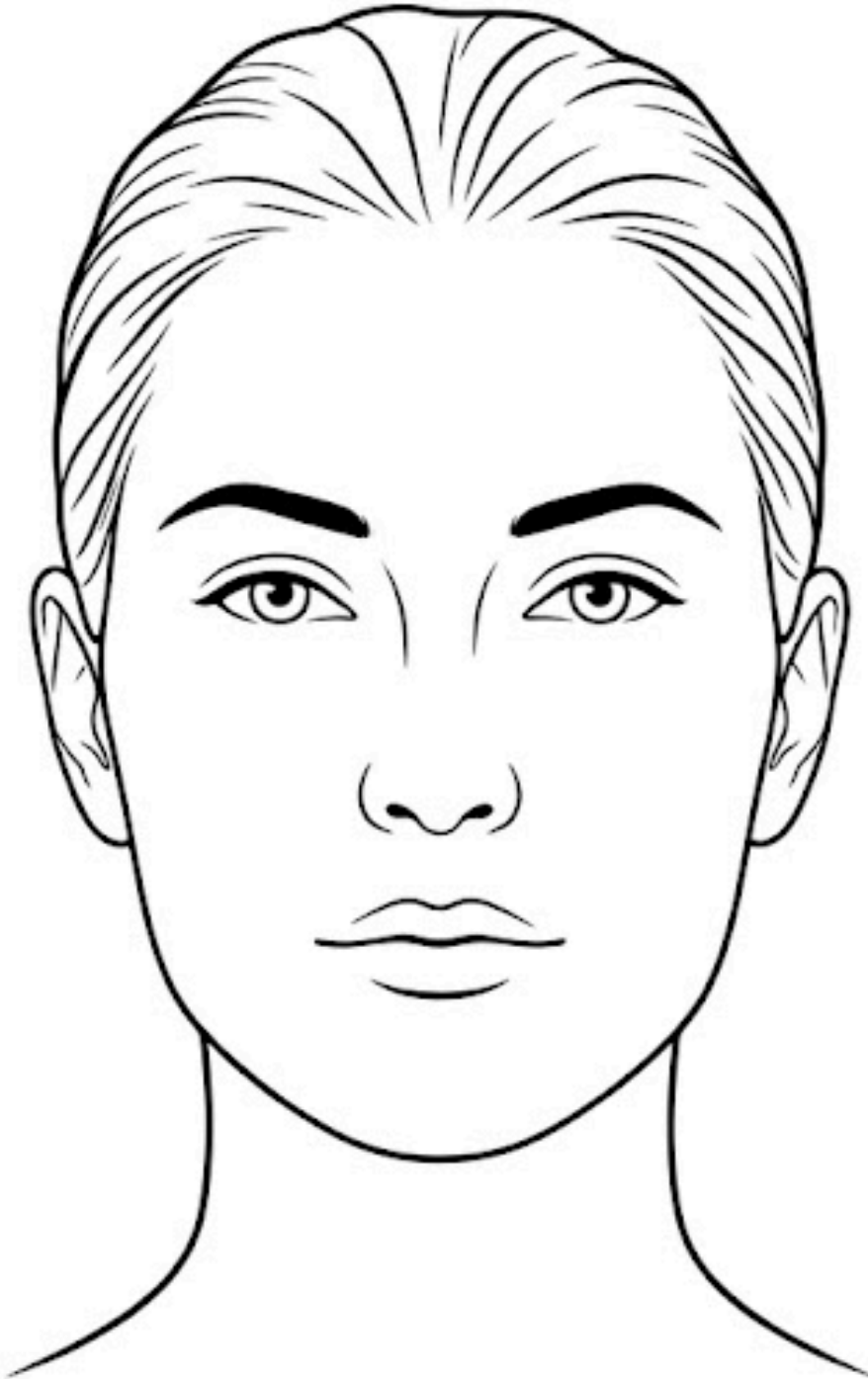
Neurotoxin Assessment

Pt. Name: _____

Date: _____

Chart #: _____

Date: _____



Total # of Units

Administered: _____

Lot # _____