| Checklist | Tick box |
|--|----------|
| Can you let me know what this consultation process will entail? | ✓ |
| Who will be performing the treatment? | ✓ |
| How long have they been administering BOTOX®? | ✓ |
| What are their qualifications and what training do they have? | ✓ |
| Are there any testimonials I can read? | ✓ |
| Can I see some before and after pictures of your work? | ✓ |
| What products do you use? | ✓ |
| How do the products available on the market differ in their performance? | ✓ |
| How does the treatment work? | / |
| Are there any side effects? | / |
| Will I be able to go out in public immediately after the procedure? | / |
| How long will the procedure last? | / |
| How long will the effects last? | / |
| Will there be any discomfort at all? | / |
| Do you provide aftercare? | ✓ |
| Is there anything I need to do after the procedure? | / |
| How often will I need treatment? | / |