

Patient Name: Date:

Skin Type: I II III IV V VI Topical Anesthetic:

Sun Exposure since last tx? NO YES
 Pre-Treatment:

Change in Meds/Health HX? NO YES
 Technician:

Have you been on Accutane? NO YES When finished:

Have you taken any Photosensitive drugs? NO YES

Have you been on Antibiotics recently? NO YES

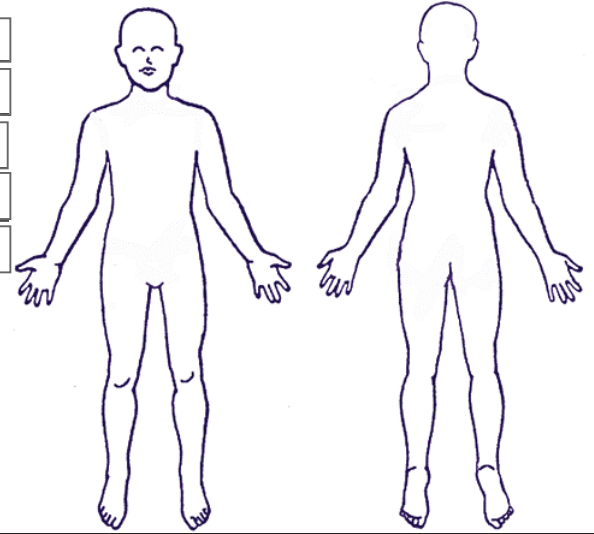
Are you using any Retinols, Exfoliators, Glycolics? NO YES

Have you had a Chemical Peel in the last 4 weeks? NO YES

Complications since last tx? NO YES

Photos Taken? NO YES

Post-op Form to PT? NO YES



TREATMENT #1

AREA TREATED	Wavelength or Program	Temp., C Sun Mode Snowflake	Spot Size mm	Fluence J/cm ²	Pulse Width ms	Rep Rate Hz	# of Pulses
REACTION:							

TREATMENT #2

AREA TREATED	Wavelength or Program	Temp., C Sun Mode Snowflake	Spot Size mm	Fluence J/cm ²	Pulse Width ms	Rep Rate Hz	# of Pulses
REACTION:							

TREATMENT #3

AREA TREATED	Wavelength or Program	Temp., C Sun Mode Snowflake	Spot Size mm	Fluence J/cm ²	Pulse Width ms	Rep Rate Hz	# of Pulses
REACTION:							

TREATMENT #4

AREA TREATED	Wavelength or Program	Temp., C Sun Mode Snowflake	Spot Size mm	Fluence J/cm ²	Pulse Width ms	Rep Rate Hz	# of Pulses
REACTION:							

TREATMENT #5

AREA TREATED	Wavelength or Program	Temp., C Sun Mode Snowflake	Spot Size mm	Fluence J/cm ²	Pulse Width ms	Rep Rate Hz	# of Pulses
REACTION:							

TREATMENT #6

AREA TREATED	Wavelength or Program	Temp., C Sun Mode Snowflake	Spot Size mm	Fluence J/cm ²	Pulse Width ms	Rep Rate Hz	# of Pulses
REACTION:							