

Patient Name: _____ Date: _____

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

Sun Exposure since last tx? NO YES _____

Change in Meds/Health HX? NO YES _____

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 _____

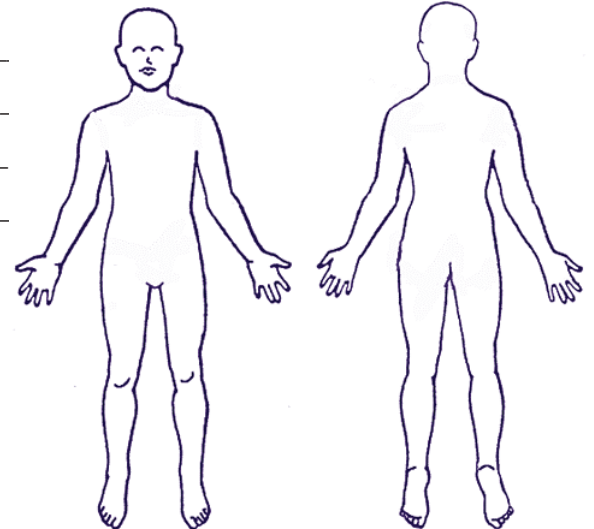
Complications since last tx? NO YES _____

Photos Taken? NO YES _____

Post-op Form to PT? NO YES _____

Pre-Treatment: _____

Technician: _____



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:							