PATIENT LASER HAIR REMOVAL TREATMENT RECORD	
Patient Name: Date:	
Skin Type: I II II IV V VI Topical Anesthetic:	
Sun Exposure since last tx? NO YES Technician: Change in Meds/Helath HX? NO YES When finished: 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 Have you using any Retinols, Exfoliators, Glycloics? NO YES Have you had a Chemical Peel in the last 4 weeks? NO YES Photos Taken? NO Post-op Form to PT? NO	and a second sec

TREATMENT #1

AREA TREATED	Wavelength or Program	Spot Size mm	Fluence J/cm2	Pulse Width ms	Rep Rate Hz	# of Pulses
REACTION:						

TREATMENT #2

AREA TREATED	Wavelength or Program	-	Spot Size mm	Fluence J/cm2	Pulse Width ms	Rep Rate Hz	# of Pulses
REACTION:							

TREATMENT #3

AREA TREATED	Wavelength or Program	Spot Size mm	Fluence J/cm2	Pulse Width ms	Rep Rate Hz	# of Pulses
REACTION:						

TREATMENT #4

AREA TREATED	Wavelength or Program	A	Spot Size mm	Fluence J/cm2	Pulse Width ms	Rep Rate Hz	# of Pulses
REACTION:							

TREATMENT #5

AREA TREATED	Wavelength or Program	 Spot Size mm	Fluence J/cm2	Pulse Width ms	Rep Rate Hz	# of Pulses
REACTION:						

TREATMENT #6

AREA TREATED	Wavelength or Program	•	Spot Size mm	Fluence J/cm2	Pulse Width ms	Rep Rate Hz	# of Pulses
REACTION:							