PATIENT LASER PIGMENT REMOVAL TREATMENT RE-

Patient Name:		Date:
Skin Type: I		Topical Anesthetic:
Sun Exposure since last tx?	NO YES	Pre-Treatment:
Change in Meds/Helath HX?	NO YES YES	
Have you been on Accutane?	NO YES When finished:	()
Have you taken any Photosensit	tive drugs? NO YES	
Have you been on Antibiotics re	ecently? NO YES	
Are you using any Retinols, Exfo	oliators, Glycloics? NO YES	
Have you had a Chemical Peel in	n the last 4 weeks? NO YES	South to the fact of the south
Complications since last tx?	NO YES	and I wo and I was
Photos Taken?	NO YES	L),/ () / \ (
Post-op Form to PT?	NO YES	

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	_	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	<u> </u>	Spot Size mm	Fluence J/cm2	Pulse Width ms	Rep Rate Hz	# of Pulses
REACTION:							