PATIENT **LASER VEIN** TREATMENT RECORD FORM

AND THERAPEUTICS	•	
Patient Name:		Date:
Skin Type: I		Topical Anesthetic:
Sun Exposure since last tx? NO Change in Meds/Helath HX? NO Have you been on Accutane? NO	YES YES When finished:	Pre-Treatment: Technician:
Have you taken any Photosensitive drugs Have you been on Antibiotics recently? Are you using any Retinols, Exfoliators, C Have you had a Chemical Peel in the last Complications since last tx? NO Photos Taken? NO Post-op Form to PT?	NO YES NO YES	

TREATMENT #1

AREA TREATED	Wavelength or Program	Temp., C Sun Mode Snowflake	Spot Size mm	Fluence J/cm2	Pulse Width ms	Rep Rate Hz	# of Pulses
RETICULAR							
SUPERFICIAL							
REACTION:							

TREATMENT #2

AREA TREATED	Wavelength or Program	Temp., C Sun Mode Snowflake	Spot Size mm	Fluence J/cm2	Pulse Width ms	Rep Rate Hz	# of Pulses
RETICULAR							
SUPERFICIAL							
REACTION:							

TREATMENT #3

TREATMENT #3								
AREA TREATED	Wavelength or Program	Temp., C Sun Mode Snowflake	Spot Size mm	Fluence J/cm2	Pulse Width ms	Rep Rate Hz	# of Pulses	
RETICULAR								
SUPERFICIAL								
REACTION:								
TREATMENT #4								
AREA TREATED	Wavelength or Program	Temp., C Sun Mode Snowflake	Spot Size mm	Fluence J/cm2	Pulse Width ms	Rep Rate Hz	# of Pulses	
RETICULAR								
SUPERFICIAL								
REACTION: TREATMENT #5								
AREA TREATED	Wavelength or Program	Temp., C Sun Mode Snowflake	Spot Size mm	Fluence J/cm2	Pulse Width ms	Rep Rate Hz	# of Pulses	
	ļ.							
RETICULAR								
RETICULAR SUPERFICIAL								
SUPERFICIAL REACTION:								
SUPERFICIAL REACTION: TREATMENT #6								
SUPERFICIAL REACTION:	Wavelength or Program	Temp., C Sun Mode Snowflake	Spot Size mm	Fluence J/cm2	Pulse Width ms	Rep Rate Hz	# of Pulses	
SUPERFICIAL REACTION: TREATMENT #6		Temp., C Sun Mode	_			_ <u> </u>	# of Pulses	
SUPERFICIAL REACTION: TREATMENT #6 AREA TREATED		Temp., C Sun Mode	_				# of Pulses	