

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 ☐

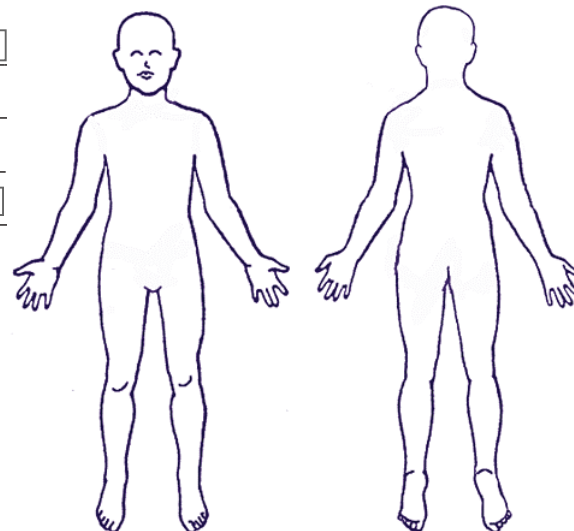
Complications since last tx? ☐ NO ☐ YES

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/cm2	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/cm2	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/cm2	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/cm2	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/cm2	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/cm2	Pulse Width ms	Rep Rate Hz	# of Pulses
REACTION:							