

Treatment Log

Name of Patient _____ Date _____

Age _____ Sex _____ Physician _____

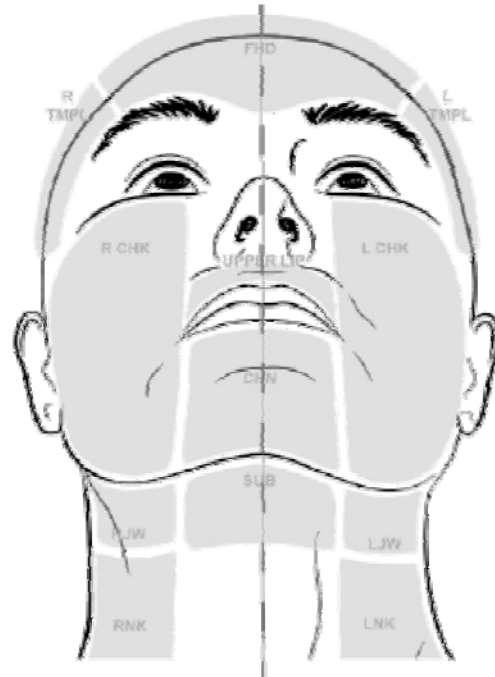
Area(s) To Be Treated Face Neck Chest Arms Hands
 Other _____

Medications

- Anti-viral _____
- Anti-biotic _____
- Anti-inflammatory _____
- Other _____

Pretreatment Record

- Consent Form Signed
- Photos Taken
- Topical Anesthesia _____
- Protective Eyewear



Treatment Record

Area Treated	Power (w)	Dwell Time (usec)	Spacing (um)	# of Passes or # of Stacks

Post Treatment

- Cool Down
- Post Treatment Instructions
 - DOT SKINCARE Other _____
- Schedule Follow-Up Visit _____