

GentleLASE Treatment Record



Date: _____

Diagnosis/Lesion: _____

Patient Name: _____ Practitioner: _____

Skin Type: Fair _____ Olive _____ Black _____ Dark(Asian/Hispanic) _____

Hair Color: Black _____ Blon _____ Gray _____ Brown _____ Red _____ Other _____

Treatment #: _____

Comments: _____

Area Treated	Spot Size	Energy	# Pulses	DCD Spray	DCD Delay

