

**Medlite Laser Treatment Log**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Operator: \_\_\_\_\_ Treatment #: \_\_\_\_\_

Reason for Treatment: \_\_\_\_\_

Location Treated: \_\_\_\_\_

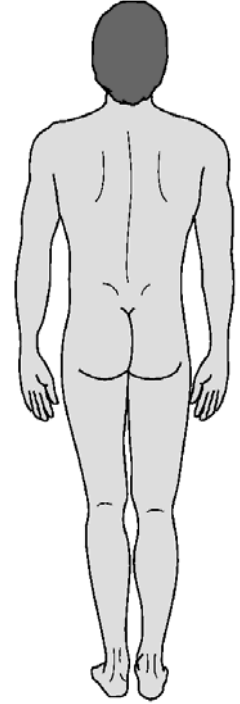
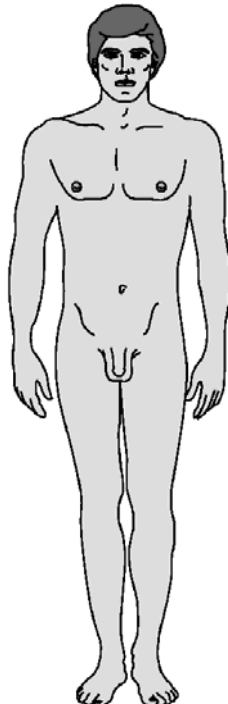
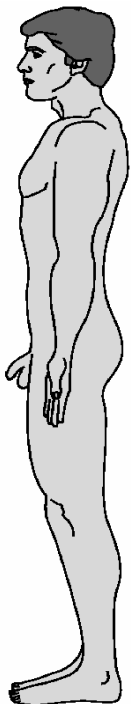
Observations: \_\_\_\_\_

Next Appointment \_\_\_\_\_ weeks

Special Instructions: \_\_\_\_\_

Technicians Signature: \_\_\_\_\_

Lesion—Area treated	Wavelength	Fluence	Spotsize	Repetition Rate



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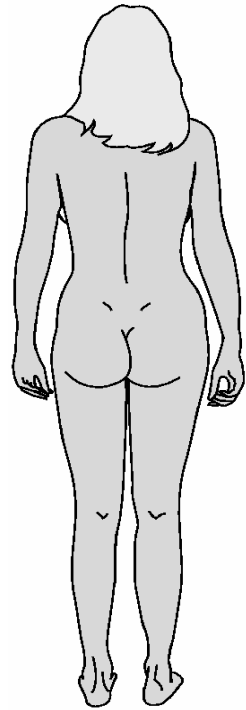
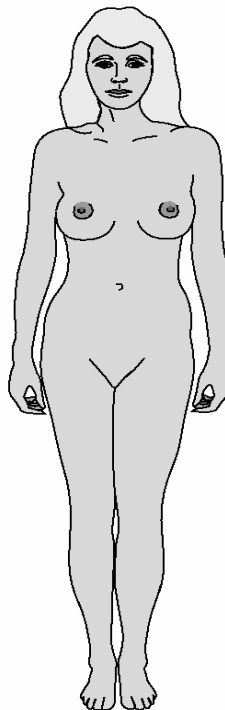
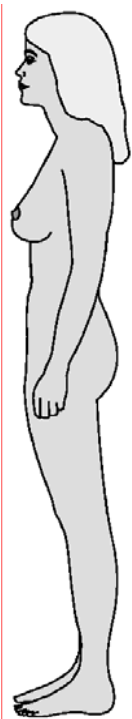
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