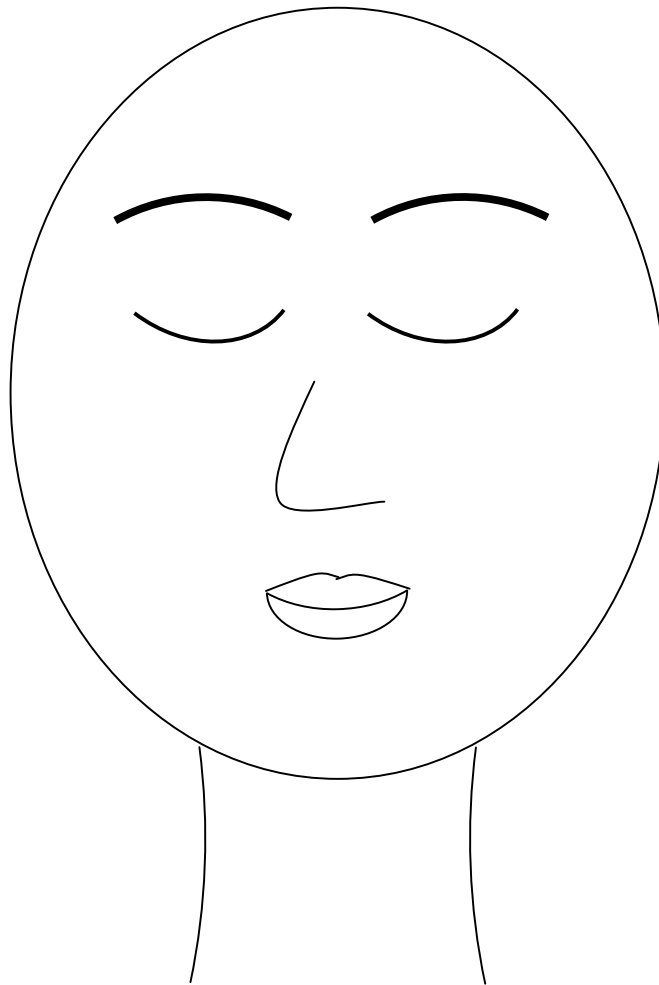


IPL / PIXEL PATIENT LOG SHEET TREATMENT AND COMMENTS

Diagnosis/Lesion:						
Patient Name:				Practitioner:		
Skin Type:	Fair	Olive	Black	Dark(Asian / Hispanic)		
Hair Color:	Black	Blond	Gray	Brown	Red	Other
Treatment Settings:						

Area Treated	Pixel/IPL	Energy	# Pulses	Pulse Duration	Notes



PATIENT NAME: _____	DATE: _____
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