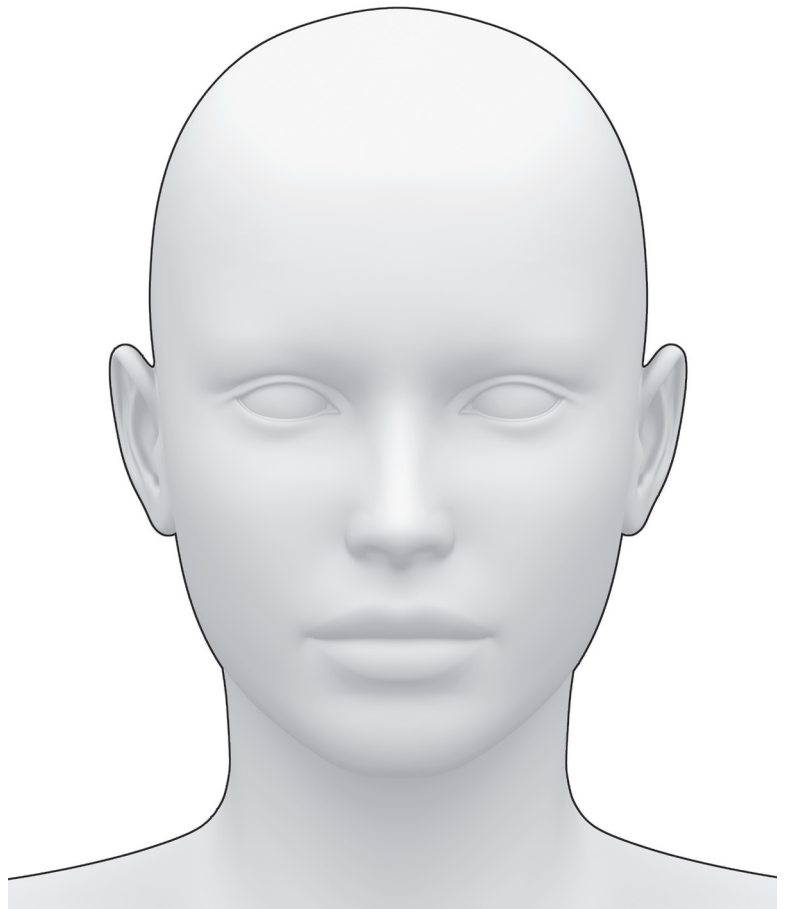
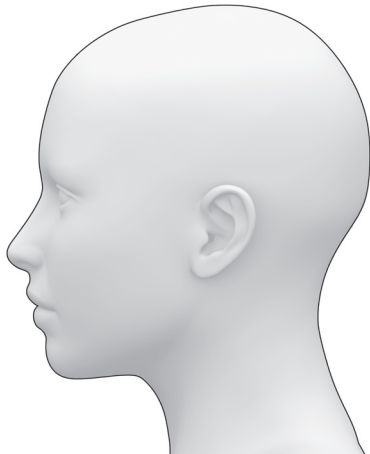
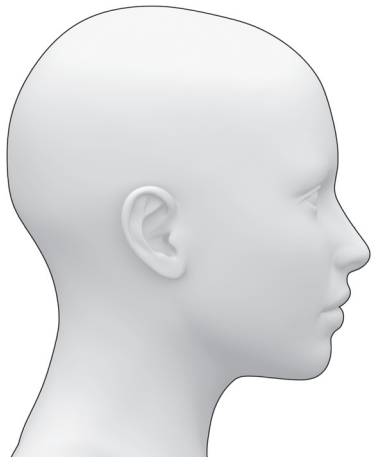


Laser Treatment Record

Female Face

Date:	Treatment #:	Device(s):
Patient Name:		Provider:
Age:	Skin type:	
Diagnosis/Lesion:		

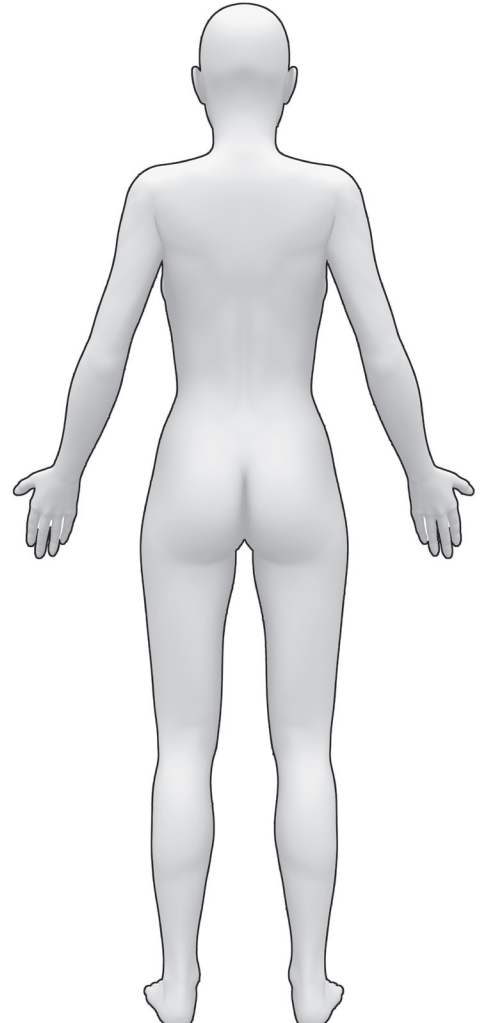
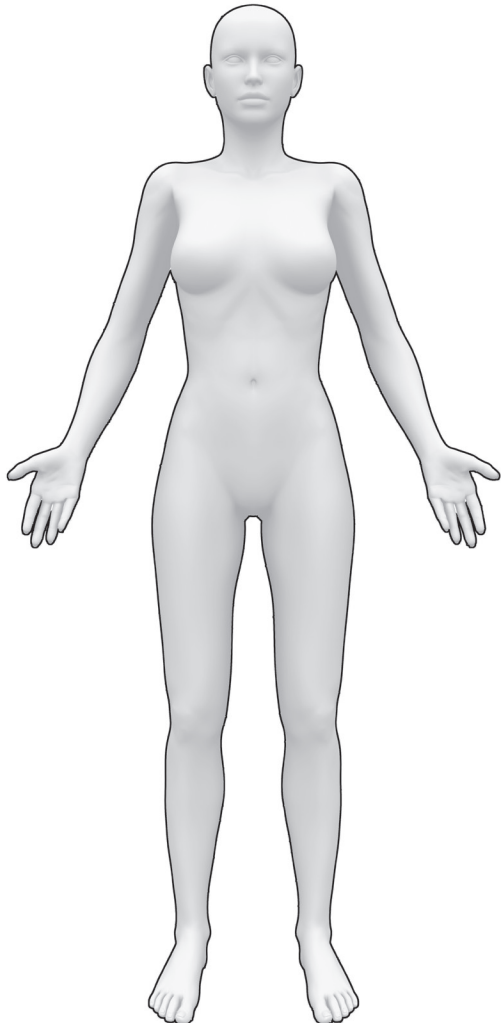
Area Treated/ Lesion	Spot Size (mm)	Pulse Duration (ms)	Fluence (J/cm ²)	Wave- length (nm)	# of Pulses	Response to Treatment
						<input type="checkbox"/> Redness <input type="checkbox"/> Blisters <input type="checkbox"/> Follicular Edema <input type="checkbox"/> Singed Hairs <input type="checkbox"/> Petechiae <input type="checkbox"/> Frosting
						<input type="checkbox"/> Redness <input type="checkbox"/> Blisters <input type="checkbox"/> Follicular Edema <input type="checkbox"/> Singed Hairs <input type="checkbox"/> Petechiae <input type="checkbox"/> Frosting
						<input type="checkbox"/> Redness <input type="checkbox"/> Blisters <input type="checkbox"/> Follicular Edema <input type="checkbox"/> Singed Hairs <input type="checkbox"/> Petechiae <input type="checkbox"/> Frosting
						<input type="checkbox"/> Redness <input type="checkbox"/> Blisters <input type="checkbox"/> Follicular Edema <input type="checkbox"/> Singed Hairs <input type="checkbox"/> Petechiae <input type="checkbox"/> Frosting



Laser Treatment Record

Female Body

Area Treated/ Lesion	Spot Size (mm)	Pulse Duration (ms)	Fluence (J/cm ²)	Wave- length (nm)	# of Pulses	Response to Treatment
						<input type="checkbox"/> Redness <input type="checkbox"/> Blisters <input type="checkbox"/> Follicular Edema <input type="checkbox"/> Singed Hairs <input type="checkbox"/> Petechiae <input type="checkbox"/> Frosting
						<input type="checkbox"/> Redness <input type="checkbox"/> Blisters <input type="checkbox"/> Follicular Edema <input type="checkbox"/> Singed Hairs <input type="checkbox"/> Petechiae <input type="checkbox"/> Frosting
						<input type="checkbox"/> Redness <input type="checkbox"/> Blisters <input type="checkbox"/> Follicular Edema <input type="checkbox"/> Singed Hairs <input type="checkbox"/> Petechiae <input type="checkbox"/> Frosting
						<input type="checkbox"/> Redness <input type="checkbox"/> Blisters <input type="checkbox"/> Follicular Edema <input type="checkbox"/> Singed Hairs <input type="checkbox"/> Petechiae <input type="checkbox"/> Frosting
						<input type="checkbox"/> Redness <input type="checkbox"/> Blisters <input type="checkbox"/> Follicular Edema <input type="checkbox"/> Singed Hairs <input type="checkbox"/> Petechiae <input type="checkbox"/> Frosting

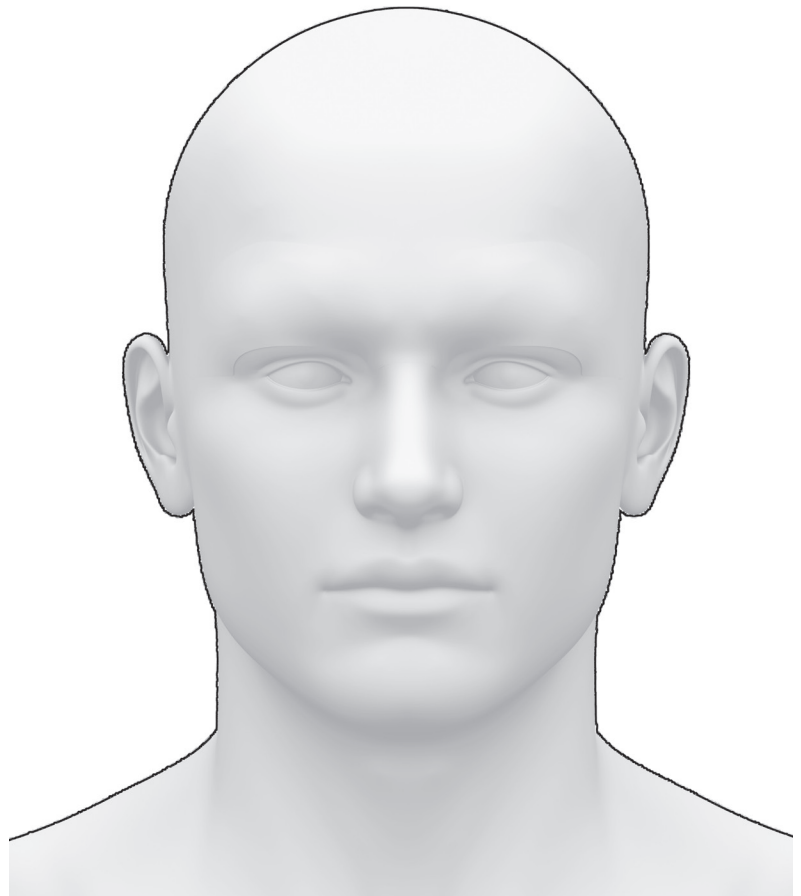
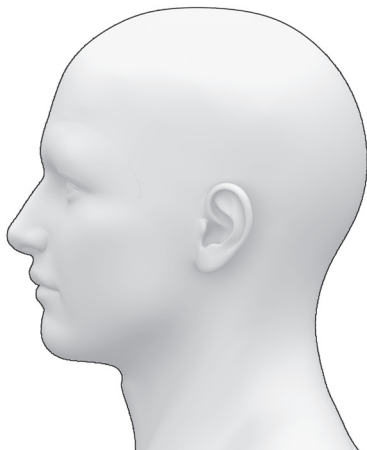
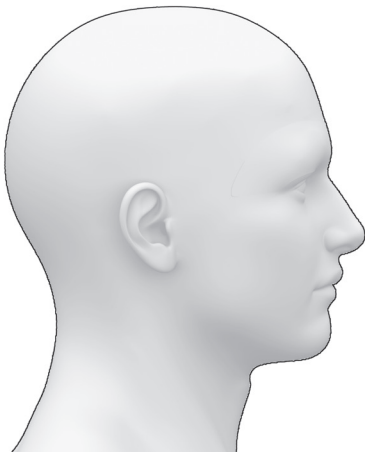


Laser Treatment Record

Male Face

Date:	Treatment #:	Device(s):
Patient Name:		Provider:
Age:	Skin type:	
Diagnosis/Lesion:		

Area Treated/ Lesion	Spot Size (mm)	Pulse Duration (ms)	Fluence (J/cm ²)	Wave- length (nm)	# of Pulses	Response to Treatment
						<input type="checkbox"/> Redness <input type="checkbox"/> Blisters <input type="checkbox"/> Follicular Edema <input type="checkbox"/> Singed Hairs <input type="checkbox"/> Petechiae <input type="checkbox"/> Frosting
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						<input type="checkbox"/> Redness <input type="checkbox"/> Blisters <input type="checkbox"/> Follicular Edema <input type="checkbox"/> Singed Hairs <input type="checkbox"/> Petechiae <input type="checkbox"/> Frosting
						<input type="checkbox"/> Redness <input type="checkbox"/> Blisters <input type="checkbox"/> Follicular Edema <input type="checkbox"/> Singed Hairs <input type="checkbox"/> Petechiae <input type="checkbox"/> Frosting



Laser Treatment Record

Male Body

Area Treated/ Lesion	Spot Size (mm)	Pulse Duration (ms)	Fluence (J/cm ²)	Wave- length (nm)	# of Pulses	Response to Treatment
						<input type="checkbox"/> Redness <input type="checkbox"/> Blisters <input type="checkbox"/> Follicular Edema <input type="checkbox"/> Singed Hairs <input type="checkbox"/> Petechiae <input type="checkbox"/> Frosting
						<input type="checkbox"/> Redness <input type="checkbox"/> Blisters <input type="checkbox"/> Follicular Edema <input type="checkbox"/> Singed Hairs <input type="checkbox"/> Petechiae <input type="checkbox"/> Frosting
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						<input type="checkbox"/> Redness <input type="checkbox"/> Blisters <input type="checkbox"/> Follicular Edema <input type="checkbox"/> Singed Hairs <input type="checkbox"/> Petechiae <input type="checkbox"/> Frosting

