

## Treatment Log - Body

Name of Patient \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Skin Type \_\_\_\_\_

Treatment Description \_\_\_\_\_

Approved Treatment Protocol \_\_\_\_\_

Physician Signature \_\_\_\_\_

**Area(s) to be treated:**

- Abdomen     Thighs     Waist     Buttock  
 Decolte     Arms     Knees     Back    Other \_\_\_\_\_

**Medical History**

Medications \_\_\_\_\_

Pacemaker \_\_\_\_\_

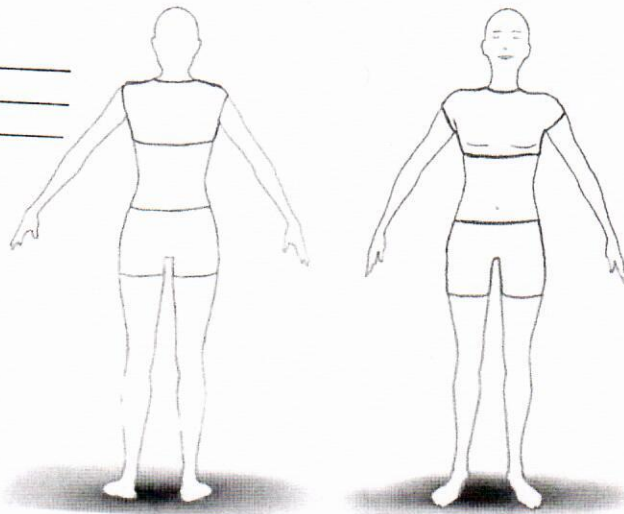
Implantable Device \_\_\_\_\_

Accutane within past year     Yes     No

**Pre-Treatment Record**

Consent Form Signed     Yes     No

Photography     Yes     No



**Treatment Record**

Treatment No.	Area Treated	Power (w)	Number Of Passes	FSR Redness	FSR Burn	FSR Pain

**Post-Treatment**

Medication     Yes     No

Photography     Yes     No