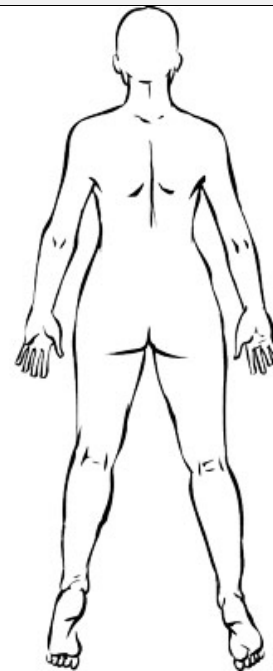
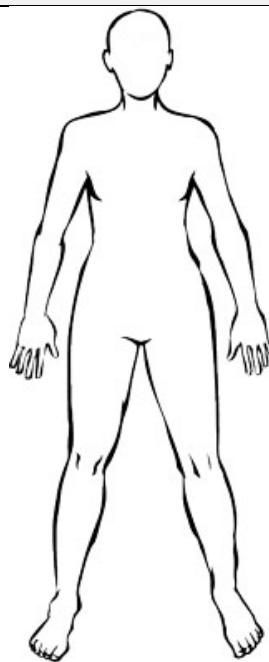
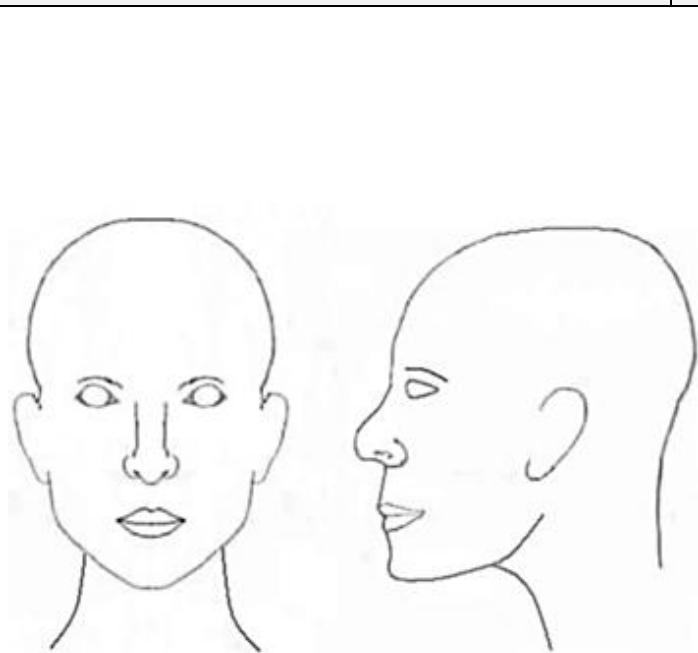


Name of Patient and initials:				Skin Type: (please circle) I II III IV V VI		Patient date of birth: / /		
Name of Physician and signature:								
Skin condition to be treated:								
Size: Colour: Density: Texture: Depth:								
Procedure:	HR <input type="checkbox"/>	PL <input type="checkbox"/>	VL <input type="checkbox"/>	SR <input type="checkbox"/>	Handpiece:	Universal IPL™ <input type="checkbox"/>	Multi-Spot™ Nd:YAG <input type="checkbox"/>	
Calibration made? Yes <input type="checkbox"/> No <input type="checkbox"/>		No. of pulses since last calibration:			Universal IPL™:			Multi-Spot™ Nd:YAG :
ExpertFilters™ checked? Yes <input type="checkbox"/> No <input type="checkbox"/>					Lightguides checked? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Consent Form signed? Yes <input type="checkbox"/> No <input type="checkbox"/>				Pre-treatment compliance checklist duly filled out? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Hair closely shaved? Yes <input type="checkbox"/> No <input type="checkbox"/>				Treatment area thoroughly cleansed? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Medication if any (please specify)								
Anesthesia:				Soothing gel/cream:				
Anti-inflammatory cream:				Antibiotic cream:				



Number-tag treatment zones on body map above and record treatment settings in below table

Procedure, date & time	HP	Zone	Spot Size (Large,Small)	Filter(nm)	# pulses (1,2,3)	PW(ms)	D(ms)	F(J/cm²)	Cooling (ON/OFF)
Test patch settings: / / at h	IPL™								
	Nd:YAG			N/A					
Treatment settings: / / at h	IPL™								
	Nd:YAG			N/A					
Comments:									
Test patch settings: / / at h	IPL™								
	Nd:YAG			N/A					
Treatment settings: / / at h	IPL™								
	Nd:YAG			N/A					
Comments:									