

<u>LightSheer®Desire Skin Treatment Log for HS Hand piece</u>

Name of Patient	Patient date of birth: / /
Date of Procedure:	Date of Procedure:
Area:	Area:
Skin Type: (please circle) I II III IV V VI	Skin Type: (please circle) I II III IV V VI
Hair Color:	Hair Color:
Texture:	Texture:
# of Pulses:	# of Pulses:
Vacuum:	<u>Vacuum:</u>
Opti Pulse (MS):	Opti Pulse (MS):
Fluency:	Fluency:
Notes:	Notes:
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Notes:	Fluency: Notes: