

# SCIZER TREATMENT RECORD

Date \_\_\_\_\_ Patient name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_ Pinch \_\_\_\_\_ cm

Photos Taken?  Yes \_\_\_\_\_  No \_\_\_\_\_

Possibility of Pregnancy?  Yes  No  N/A Numbing Cream:  Yes \_\_\_\_\_  No

Pre-Treatment Medication Given: \_\_\_\_\_

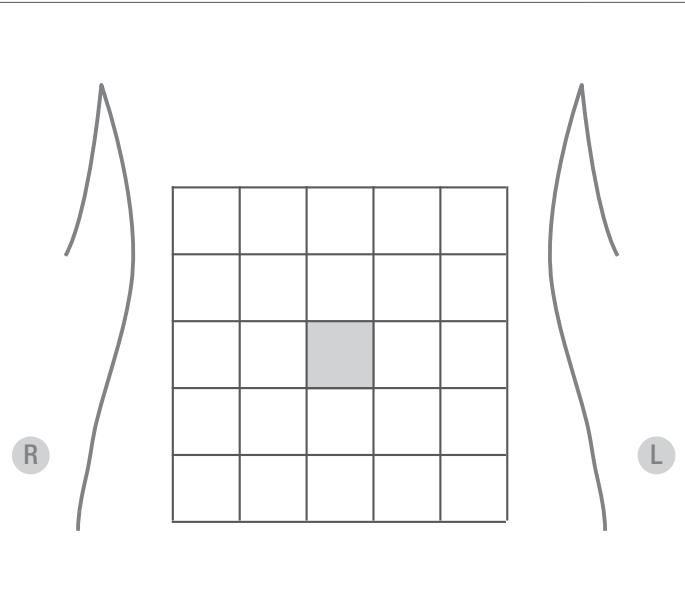
Have you had a treatment on th target area before  Yes  No

## Baseline Waist Circumference Measurements

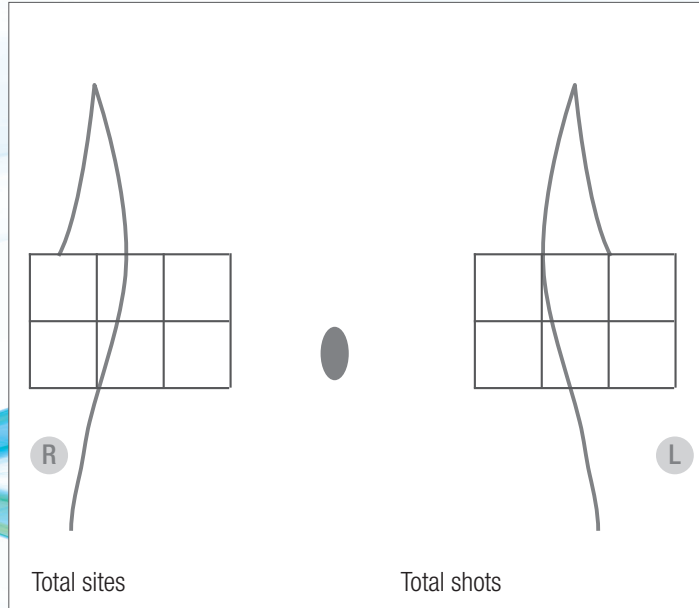
Measure	Baseline	After(1m)	OPD + 1 month	OPD + 2 month	OPD + 3 month
5cm ↑					
Navel					
5cm ↓					

Treatment Commnets / Observations : \_\_\_\_\_

**1** Date of treatment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



R  L



R  L

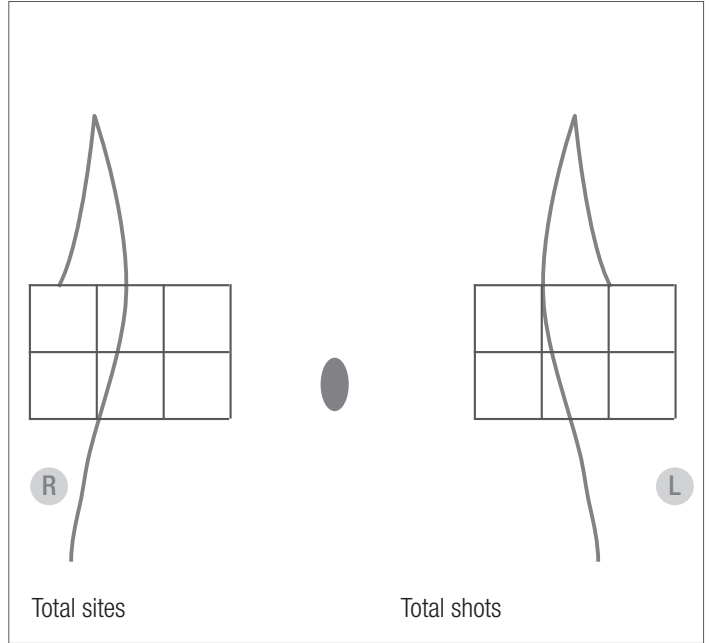
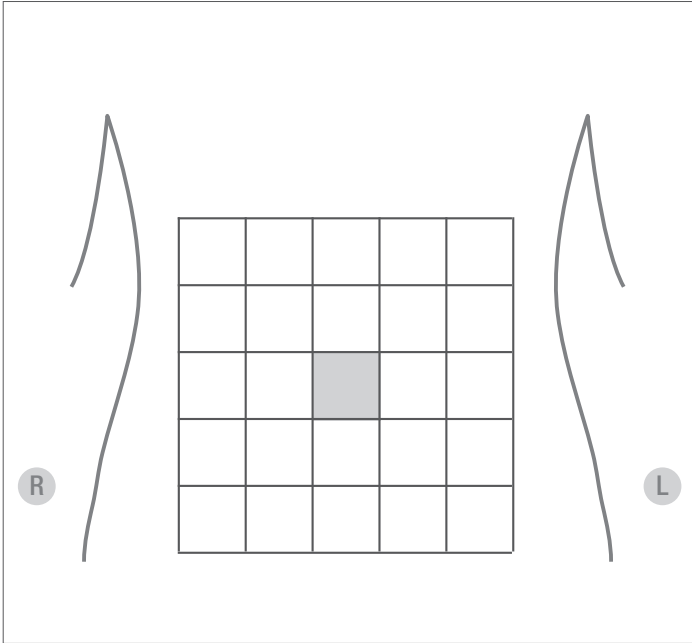
Total sites  Total shots

Follow-up Commnets / Observations : \_\_\_\_\_

Pain score :  1  2  3  4  5  6  7  8  9  10

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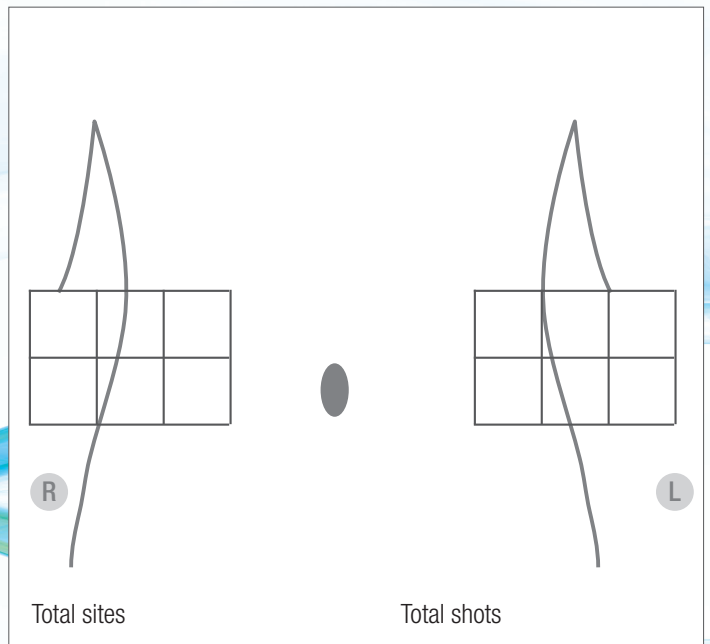
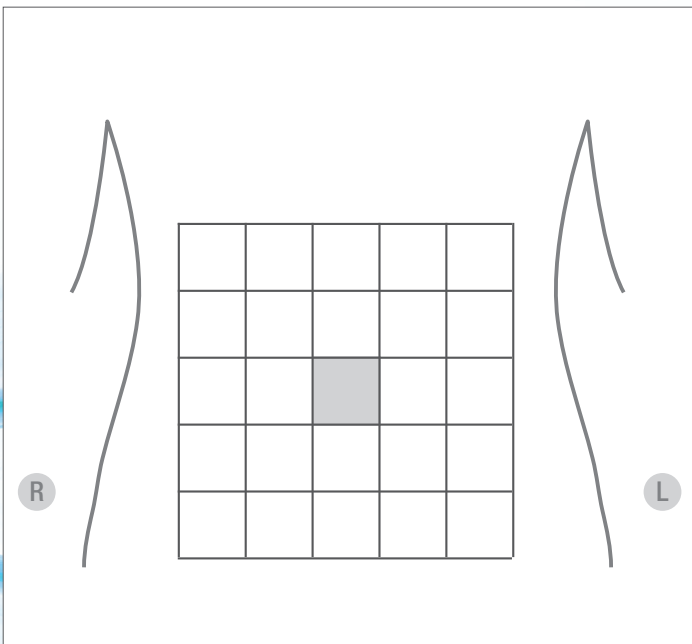
2 Date of treatment \_\_\_\_ / \_\_\_\_ / \_\_\_\_



Follow-up Comments / Observations : \_\_\_\_\_

Pain score :  1  2  3  4  5  6  7  8  9  10

3 Date of treatment \_\_\_\_ / \_\_\_\_ / \_\_\_\_



Follow-up Comments / Observations : \_\_\_\_\_

Pain score :  1  2  3  4  5  6  7  8  9  10