Patient Laser Treatment Record

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| --- | --- | --- | --- | --- | --- |
| Patient: | | | | | |
| Diagnosis: | | |  | | |
| ❒ Consent | ❒ Post Care | ❒ Protective Eyewear | | ❒ Pictures | Initial: |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | | TX# 1 | | | ❒ Alex | ❒ Nd:Yag | |  |  |
| **Spot Size** | **Pulse Width** | | **Energy/Power** | | | | **Pulses / Cryo** | | |
| mm | ms | | J/cm2 | | | | at / / | | |
| mm | ms | | J/cm2 | | | | at / / | | |
| Diagnosis: Keratosis Pilaris | | | | Area(s) Treated: upper arms and upper back | | | | | |
| Comments: Client felt very uncomfortable 6/10. I believe the cryo am have been what was uncomfortable. | | | | Return in 4 weeks | | | D/W/M TX by: | | |

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| Date: | | TX# | | | ❒ Alex | ❒ Nd:Yag | |  |  |
| **Spot Size** | **Pulse Width** | | **Energy/Power** | | | | **Pulses** | | |
| mm | ms | | J/cm2 | | | | at / | | |
| mm | ms | | J/cm2 | | | | at / | | |
| Diagnosis: | | | | Area(s) Treated: | | | | | |
| Comments: | | | | Return in | | | D/W/M TX by: | | |

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| Date: | | TX# | | | ❒ Alex | ❒ Nd:Yag | |  |  |
| **Spot Size** | **Pulse Width** | | **Energy/Power** | | | | **Pulses** | | |
| mm | ms | | J/cm2 | | | | at / | | |
| mm | ms | | J/cm2 | | | | at / | | |
| Diagnosis: | | | | Area(s) Treated: | | | | | |
| Comments: | | | | Return in | | | D/W/M TX by: | | |