**GENIUS TREATMENT RECORD**

**PATIENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **DATE**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **CONSENT SIGNED** | **SAFETY CHECK**  **(contraindications, jewelry, patient preparation, etc)** | **PRE/POST INSTRUCTIONS**  **REVIEWED** | **TOTAL PULSES** |

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| TREATMENT AREA/ INDICATION | PASS #  (1-3) | NEEDLE DEPTH | MJ /  PIN | TOTAL  KJ | TOTAL MS | TOTAL WATTS | SHOT  COUNT | NOTES  (topical, skin reaction, post-treatment, etc) |
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| **DATE**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **CONSENT SIGNED** | **SAFETY CHECK**  **(contraindications, jewelry, patient preparation, etc)** | **PRE/POST INSTRUCTIONS**  **REVIEWED** | **TOTAL PULSES** |

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| **DATE**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **CONSENT SIGNED** | **SAFETY CHECK**  **(contraindications, jewelry, patient preparation, etc)** | **PRE/POST INSTRUCTIONS**  **REVIEWED** | **TOTAL PULSES** |

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| TREATMENT AREA/ INDICATION | PASS #  (1-3) | NEEDLE DEPTH | MJ /  PIN | TOTAL  KJ | TOTAL MS | TOTAL WATTS | SHOT  COUNT | NOTES  (topical, skin reaction, post-treatment, etc) |
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