**ULTRA TREATMENT RECORD**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **CONSENT SIGNED** | **SAFETY CHECK**  **(Contraindications, jewelry, patient preparation, etc)** | **PRE/POST INSTRUCTIONS**  **REVIEWED** | **PARAMETER CHECK** | **TX #** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| TREATMENT  AREA/ INDICATION | Screen | Mode | MJ | Passes | Total KJ | NOTES |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **CONSENT SIGNED** | **SAFETY CHECK**  **(Contraindications, jewelry, patient preparation, etc)** | **PRE/POST INSTRUCTIONS**  **REVIEWED** | **PARAMETER CHECK** | **TX #** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| TREATMENT AREA/ INDICATION | Screen | Mode | MJ | Passes | Total KJ | NOTES |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **CONSENT SIGNED** | **SAFETY CHECK**  **(Contraindications, jewelry, patient preparation, etc)** | **PRE/POST INSTRUCTIONS**  **REVIEWED** | **PARAMETER CHECK** | **TX #** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| TREATMENT AREA/ INDICATION | Screen | Mode | MJ | Passes | Total KJ | NOTES |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |