

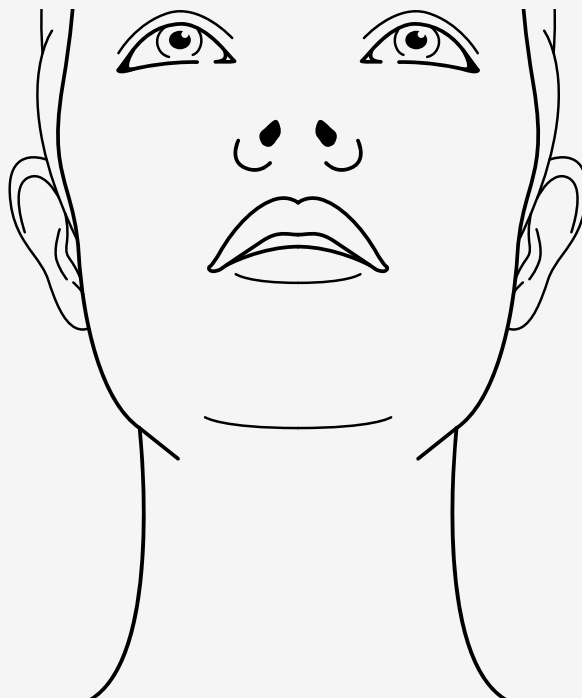
# FACE TREATMENT SHEET

TREATMENT DATE:

CONSENT: **Y / N** PHOTO: **Y / N**

PATIENT NAME:

DEVICE:



CARTRIDGE / DEPTH:

LINES / PULSES:

ENERGY / POWER:

PITCH / DENSITY:

OTHER NOTES:

CARTRIDGE / DEPTH:

LINES / PULSES:

ENERGY / POWER:

PITCH / DENSITY:

OTHER NOTES:

CARTRIDGE / DEPTH:

LINES / PULSES:

ENERGY / POWER:

PITCH / DENSITY:

OTHER NOTES:

CARTRIDGE / DEPTH:

LINES / PULSES:

ENERGY / POWER:

PITCH / DENSITY:

OTHER NOTES:

TREATMENT NOTES: