

BODY TREATMENT RECORD

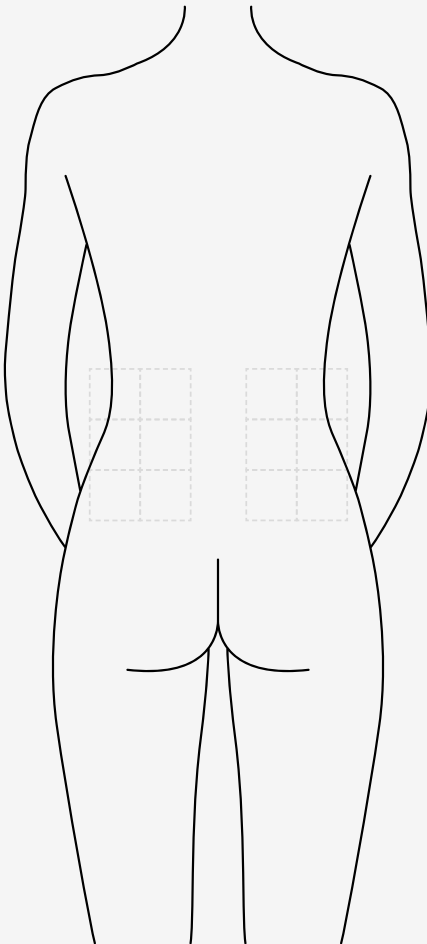
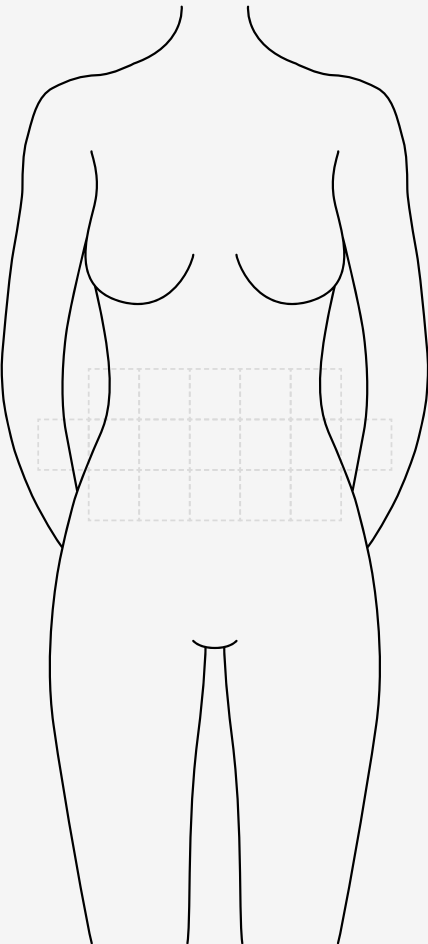
PATIENT NAME:

TREATMENT DATE:

CONSENT SIGNED: Y / N

PHOTO TAKEN: Y / N

DEVICE USED:



SECTIONS TREATED: \_\_\_\_\_

CARTRIDGE / DEPTH: \_\_\_\_\_

ENERGY / POWER: \_\_\_\_\_

OTHER NOTES: \_\_\_\_\_

\_\_\_\_\_

SECTIONS TREATED: \_\_\_\_\_

CARTRIDGE / DEPTH: \_\_\_\_\_

ENERGY / POWER: \_\_\_\_\_

OTHER NOTES: \_\_\_\_\_

\_\_\_\_\_

SECTIONS TREATED: \_\_\_\_\_

CARTRIDGE / DEPTH: \_\_\_\_\_

ENERGY / POWER: \_\_\_\_\_

OTHER NOTES: \_\_\_\_\_

\_\_\_\_\_

TREATMENT NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SECTIONS TREATED: \_\_\_\_\_

CARTRIDGE / DEPTH: \_\_\_\_\_

ENERGY / POWER: \_\_\_\_\_

OTHER NOTES: \_\_\_\_\_

\_\_\_\_\_