

## Sample Form

## Treatment Record—Laser Flow Sheet

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Location: \_\_\_\_\_

Comments: \_\_\_\_\_

Laser Wavelength: ☐ 755 nm ☐ 532 nm ☐ 1064 nm

☐ Test Spot ☐ Treatment

Treatment	Date	Spot Size (mm)	Fluence (J/cm <sup>2</sup> )	Rep Rate (Hz)	No of Pulses	Area Treated	Anesthetic	Boost Used
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								