

TREATMENT REPORT

ETHEREA-MX[®]

Patient's Name		DOB	
Date			
	Day	Month	Year
	Visit # and Interval		

HAS THE PATIENT BEEN GIVEN POST-TREATMENT GUIDANCE?	<input type="checkbox"/> Y	<input type="checkbox"/> N
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Photos	<input type="checkbox"/> Y	<input type="checkbox"/> N
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Before	After

1 Treatment Goals

<input type="checkbox"/> <i>others</i>
<input type="checkbox"/> <i>others</i>
<input type="checkbox"/> <i>others</i>
<input type="checkbox"/> <i>others</i>
<input type="checkbox"/> <i>others</i>
<input type="checkbox"/> <i>others</i>
<input type="checkbox"/> <i>others</i>

2 Treatment Plan

3 Associated Treatments

4 Visit History

# Visit		Interval		Date		Improvement	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Comments										

# Visit		Interval		Date		Improvement	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Comments										

# Visit		Interval		Date		Improvement	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Comments										

# Visit		Interval		Date		Improvement	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Comments										

# Visit		Interval		Date		Improvement	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Comments										

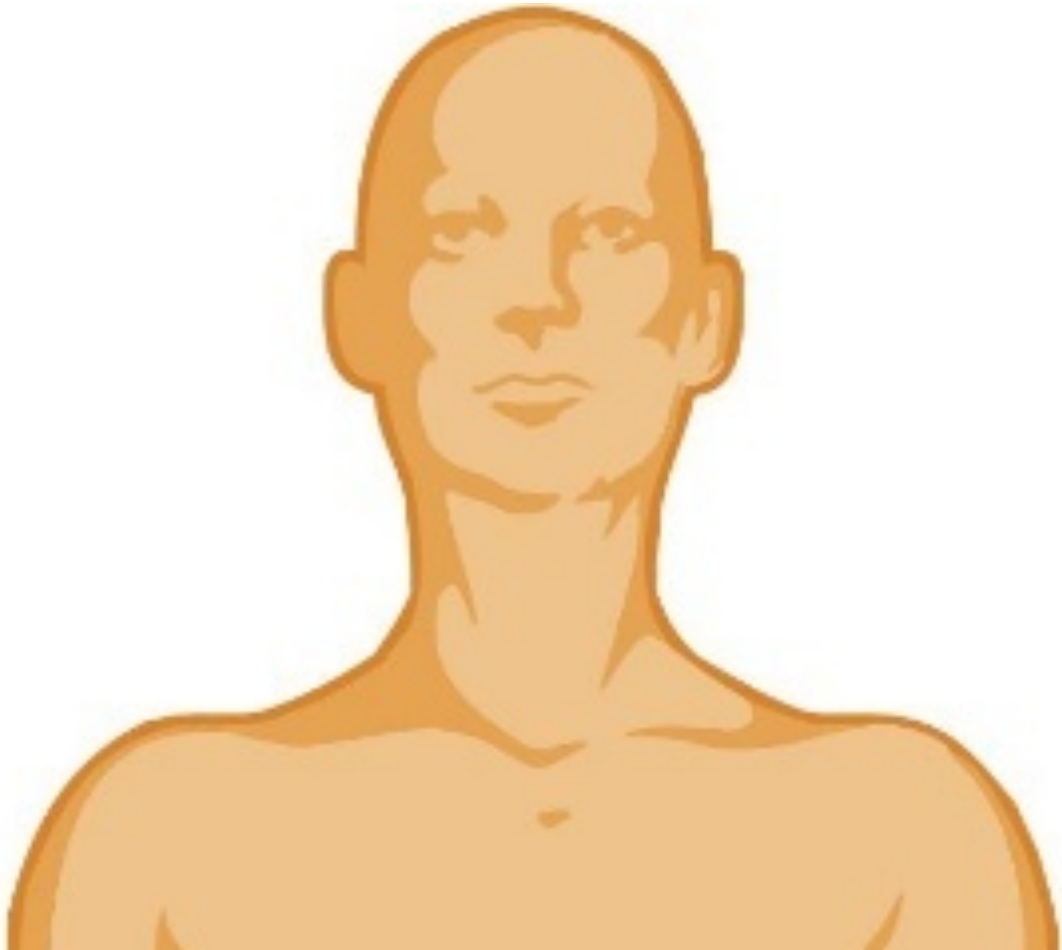
# Visit		Interval		Date		Improvement	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Comments										

# Visit		Interval		Date		Improvement	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Comments										

# Visit		Interval		Date		Improvement	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Comments										

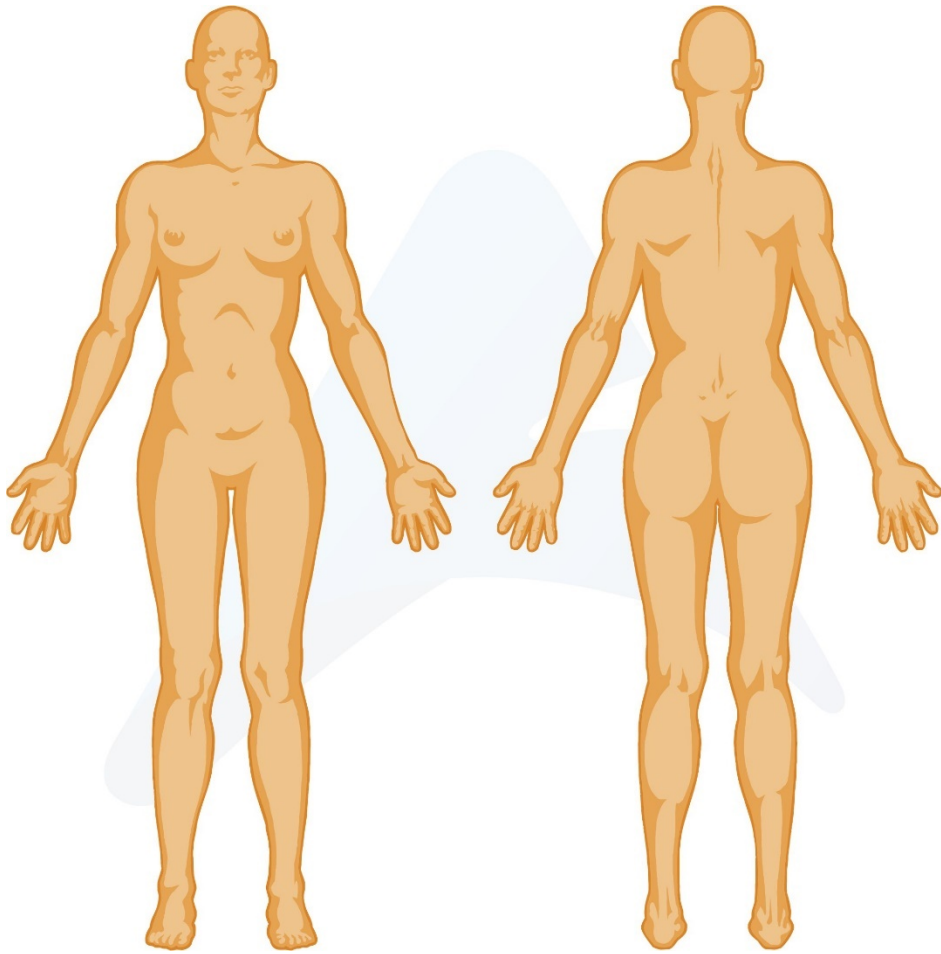
# Visit		Interval		Date		Improvement	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Comments										

TREATMENT PARAMETERS



TREATMENT REGIONS HIGHLIGHTED ON THE IMAGE

TREATMENT PARAMETERS



TREATMENT REGIONS HIGHLIGHTED ON THE IMAGE

5 Comments

6

Treated Area		Session	
ETHEREA® Parameters			
ETHEREA® Parameters			
Comments			

I verify, for all purposes, the information source and veracity.

Doctor's Name	
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Signature	
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Stamp	
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Date	
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