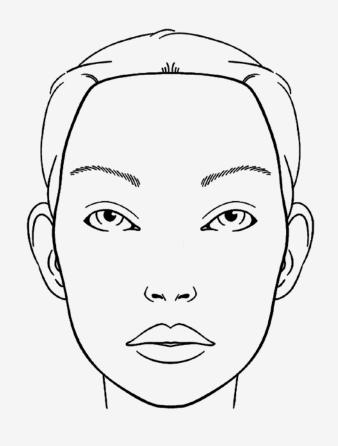
FACE TREATMENT SHEET

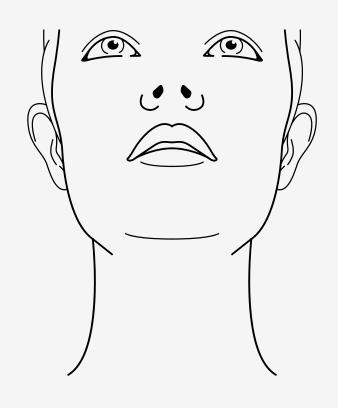
PATIENT NAME:

TREATMENT DATE:

CONSENT: Y / N PHOTO: Y / N

DEVICE:





CARTRIDGE / DEPTH:	CARTRIDGE / DEPTH:
LINES / PULSES:	LINES / PULSES:
ENERGY / POWER:	ENERGY / POWER:
PITCH / DENSITY:	PITCH / DENSITY:
OTHER NOTES:	OTHER NOTES:
CARTRIDGE / DEPTH:	CARTRIDGE / DEPTH:
LINES / PULSES:	LINES / PULSES:
ENERGY / POWER:	ENERGY / POWER:
PITCH / DENSITY:	PITCH / DENSITY:
OTHER NOTES:	OTHER NOTES:
TREATMENT NOTES:	

