

# BODY TREATMENT RECORD

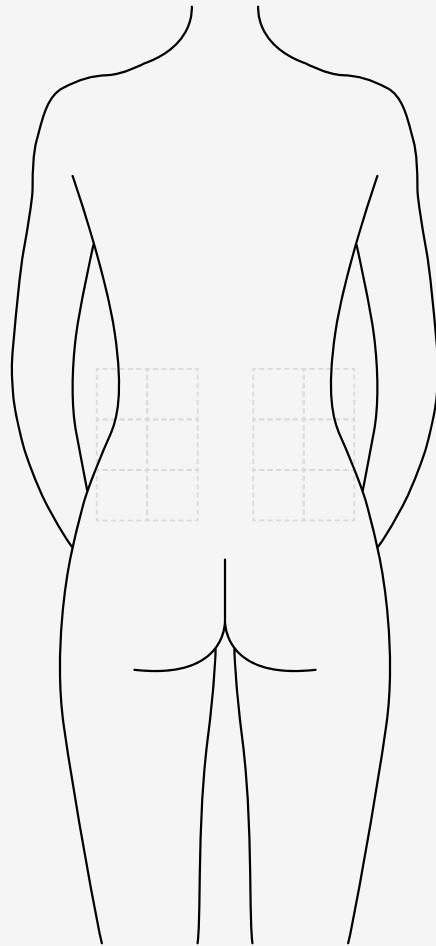
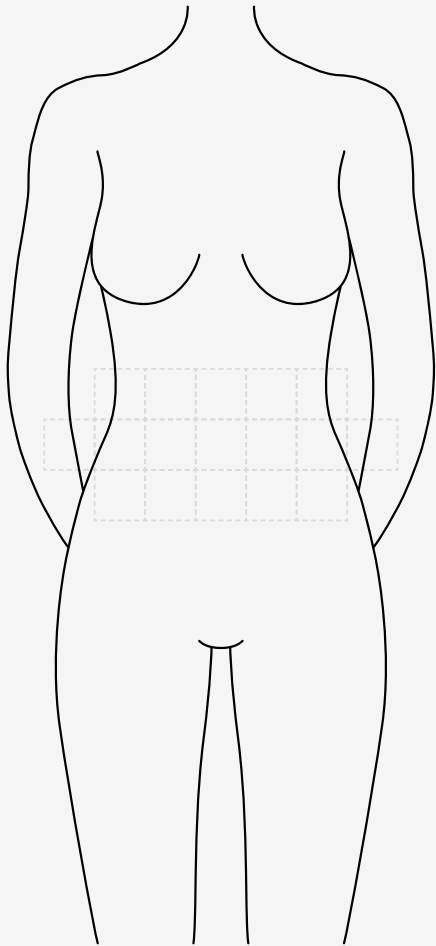
TREATMENT DATE:

CONSENT SIGNED: **Y / N**

PHOTO TAKEN: **Y / N**

PATIENT NAME:

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: