

Patient _____ Date Treated _____ Doctor _____

Patient Comments _____

Post Op Appointments: (please describe location of edema, erythema, amount of drainage/color, pain level, complaints, pt. remarks, complications, post-op instructions, pictures taken)

____ days post-op _____

____ days post-op _____

____ days post-op: _____

____ days post-op: _____

____ days post-op: _____

____ days post-op: _____

____ month post-op: _____

Date _____ Improvement Scale – 1 – 10

Fine Lines ____ Wrinkles ____ Rhytides ____ Furrows ____ Texture Irregularities ____ Dyschromia/Pigmented ____ Vascular ____