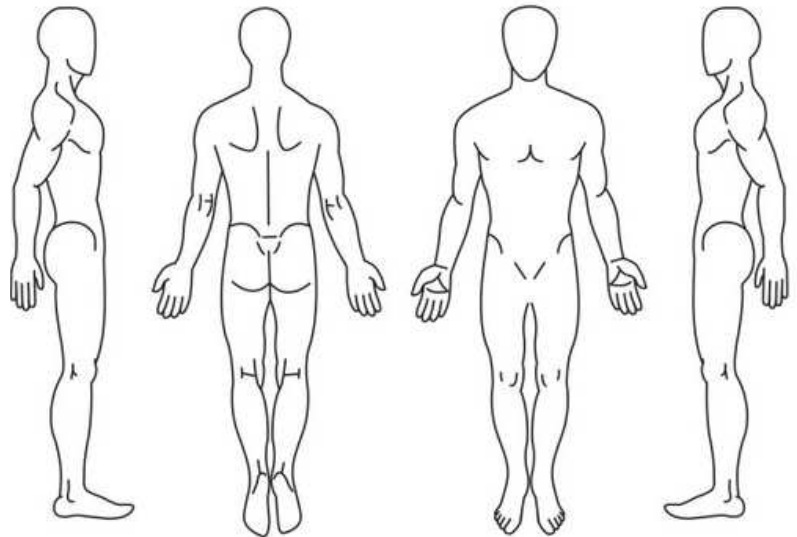
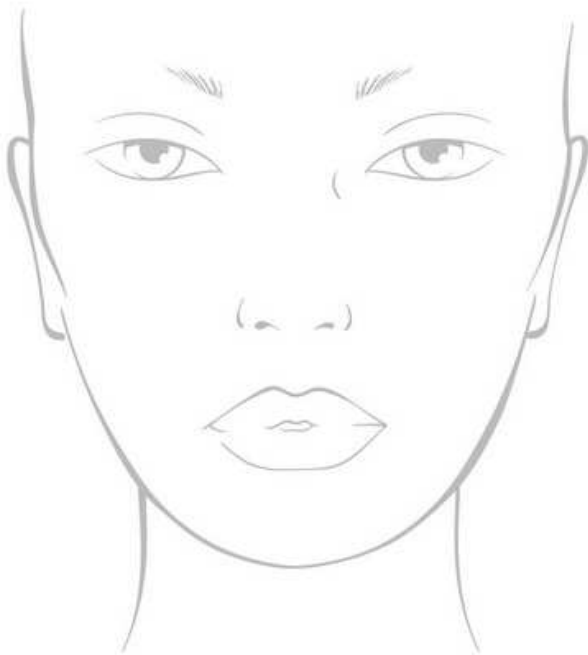


PATIENT LOG SHEET

Patient MR#/Name:						
Diagnosis/Lesion:				Practitioner:		
Skin Type:	Fair	Olive	Black	Dark (Asian / Hispanic)		
Hair Color:	Black	Blond	Gray	Brown	Red	Other

Treatment Settings:

Date	Area Treated	Device	Wavelength	Energy	RF	Pulse Width	Notes



PATIENT NAME: _____