

Name _____ Treatment Area _____

Skin Type: _____

Date	Tx #	Fitzpatrick Skin Type	Inform Consent	Diagnosis	Response Post-Tx	Side Effects From Last Tx	Pt. Satisfaction After Last Tx.	Pain With Last Tx.	Spot Size	Joules	Ms	Fluence Pulses () Laser
	1	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Yes	<input type="checkbox"/> Facial Telehgiectasia <input type="checkbox"/> Reticular Leg Veins <input type="checkbox"/> Spider Leg Veins		<input type="checkbox"/> Hypopig <input type="checkbox"/> Hyperpig <input type="checkbox"/> Ulceration <input type="checkbox"/> Scarring			<input type="checkbox"/> 3 mm <input type="checkbox"/> 5 mm <input type="checkbox"/> 7 mm <input type="checkbox"/> 10 mm			
	2	Tan <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Facial Telehgiectasia <input type="checkbox"/> Reticular Leg Veins <input type="checkbox"/> Spider Leg Veins	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> None	<input type="checkbox"/> Hypopig <input type="checkbox"/> Hyperpig <input type="checkbox"/> Ulceration <input type="checkbox"/> Scarring	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Good <input type="checkbox"/> Very	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> 3 mm <input type="checkbox"/> 5 mm <input type="checkbox"/> 7 mm <input type="checkbox"/> 10 mm			
	3	Tan <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Facial Telehgiectasia <input type="checkbox"/> Reticular Leg Veins <input type="checkbox"/> Spider Leg Veins	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> None	<input type="checkbox"/> Hypopig <input type="checkbox"/> Hyperpig <input type="checkbox"/> Ulceration <input type="checkbox"/> Scarring	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Good <input type="checkbox"/> Very	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> 3 mm <input type="checkbox"/> 5 mm <input type="checkbox"/> 7 mm <input type="checkbox"/> 10 mm			
	4	Tan <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Facial Telehgiectasia <input type="checkbox"/> Reticular Leg Veins <input type="checkbox"/> Spider Leg Veins	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> None	<input type="checkbox"/> Hypopig <input type="checkbox"/> Hyperpig <input type="checkbox"/> Ulceration <input type="checkbox"/> Scarring	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Good <input type="checkbox"/> Very	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> 3 mm <input type="checkbox"/> 5 mm <input type="checkbox"/> 7 mm <input type="checkbox"/> 10 mm			
	5	Tan <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Facial Telehgiectasia <input type="checkbox"/> Reticular Leg Veins <input type="checkbox"/> Spider Leg Veins	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> None	<input type="checkbox"/> Hypopig <input type="checkbox"/> Hyperpig <input type="checkbox"/> Ulceration <input type="checkbox"/> Scarring	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Good <input type="checkbox"/> Very	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> 3 mm <input type="checkbox"/> 5 mm <input type="checkbox"/> 7 mm <input type="checkbox"/> 10 mm			

Notes _____

