

Treatment Sheet IPL/ BBL





Name: _____ Date: _____

Area: _____

Chief Concerns: _____

Skin Type: I II III IV V VI

Anesthetic cream applied: Yes No
 Photos taken: Yes No
 Consent signed: Yes No
 Improvement from previous txt: Yes No
 Problems with previous txt: Yes No
 Satisfied with previous txt: Yes No
 Other comments: _____

	Location F/N/C Other	Device	Filter#	BBL (J/cm ²) Or (W/cm ²)	PD Msec Or Sec	Cooling Degree	Target Temp Degree				
1 st Pass											
2 nd Pass											
3 rd Pass											
4 th Pass											
Other											

Additional notes: _____

Provider: _____