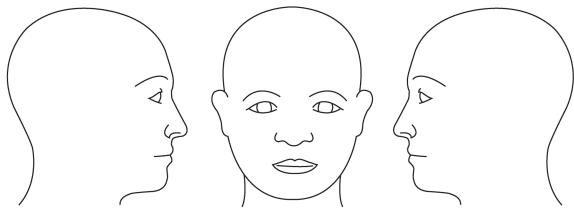
Sciton BBL Treatment Sheet

Name						Da	te	 	
Treatment #					Area _				
Chief Concer	ns								
Medications									
Allergies								 	
Current Skin	Care _							 	
Skin Type:	I	II	III	IV	V	VI			
Anesthetic Cream Applied Photos Takes Consent Signed Improvement from Previous Treatment							NO NO NO		



Location F/N/C Other	Device	Filter	BBL j/cm2	PW Msec Sec	Cooling Temp.	Target Temp.	Cryo	E(J)	Pulses	15x45	15x15	11mm	7mm
		1 st Pass											
		2 nd Pass											
		3 rd Pass											
		4 th Pass											
		Other											_