

BBL (FACE) - PROGRESS NOTES

Name:	Date:	Chart:
Provider:	Tx #:	Serial #
General Skin Type:	Anesthetic Cream: <input type="checkbox"/> Yes <input type="checkbox"/> No	Areas (Anesthetic Cream):

<input type="checkbox"/> Denies Any History Of Adverse Rxn To IPL/Laser Tx <input type="checkbox"/> Laser And Post Treatment Response Explained <input type="checkbox"/> Post Care Instructions Given <input type="checkbox"/> Pregnancy Denied <input type="checkbox"/> Melasma Denied	<input type="checkbox"/> Last SUN Exposure To Tx. Area <input type="checkbox"/> SUN Avoidance Stressed <input type="checkbox"/> Denies SKIN Irritation	<input type="checkbox"/> Medical History Reviewed <input type="checkbox"/> Denies SKIN Cancer/Melanoma <input type="checkbox"/> New Medications: _____
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% of Clearance from last treatment: _____ Vascular _____ Pigmentation _____

Area(s) Cleansed With Aloe Vesta/Cleanser Skin Degreased with Alcohol (ETOH)/Witch Hazel



Area To Be Treated	Wavelength (nm)	Skin Type	Joules	MS	Temp	Pulse Count	Skin Rxn	Mild	Moderate	Severe	Considerations
Step #1 Cheeks	Adapter(s) used # _____						Erythema				<input type="checkbox"/> Hold Energy
Forehead, Nose, UL, Chin, Under Eye	<input type="checkbox"/> 515nm <input type="checkbox"/> 560nm <input type="checkbox"/> 590nm <input type="checkbox"/> 640nm <input type="checkbox"/> 695nm					Darkening Of Spots					
						Edema					
Step #2a: Vascular Diffuse	Adapter(s) used # _____						Erythema				<input type="checkbox"/> Increase Energy <input type="checkbox"/> Hold Energy <input type="checkbox"/> Decrease Pulse Width
<input type="checkbox"/> N/A or Areas to be treated:	<input type="checkbox"/> 515nm <input type="checkbox"/> 560nm <input type="checkbox"/> 590nm <input type="checkbox"/> 640nm <input type="checkbox"/> 695nm					Darkening Of Spots					
						Edema					
Step #2b: Vascular Vessels	Adapter(s) used # _____						Erythema				<input type="checkbox"/> Increase Energy <input type="checkbox"/> Hold Energy <input type="checkbox"/> Decrease Pulse Width
<input type="checkbox"/> N/A or Areas to be treated:	<input type="checkbox"/> 515nm <input type="checkbox"/> 560nm <input type="checkbox"/> 590nm <input type="checkbox"/> 640nm <input type="checkbox"/> 695nm					Absence of vessel					
						Blurred Borders					
						Color change					
Step #3: Pigmented Lesions	Adapter(s) used # _____						Erythema				<input type="checkbox"/> Increase Energy <input type="checkbox"/> Hold Energy <input type="checkbox"/> Decrease Pulse Width
Pigmentation: <input type="checkbox"/> Light <input type="checkbox"/> Dark <input type="checkbox"/> N/A	<input type="checkbox"/> 515nm <input type="checkbox"/> 560nm <input type="checkbox"/> 590nm <input type="checkbox"/> 640nm <input type="checkbox"/> 695nm					Darkening of Spots					
<input type="checkbox"/> Diffuse <input type="checkbox"/> Spot						Edema					

<input type="checkbox"/> Post treatment instructions given Pain Tolerated: <input type="checkbox"/> Well	<input type="checkbox"/> Sunblock Applied <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Sun Screen Recommended <input type="checkbox"/> COLD Gel Packs Applied
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Return To Center: 4 Weeks (Corrective) 3-4 months (Maintenance)

Notes:

Provider Signature: _____