Aviclear + Excel V plus pre defined notes

Is this treatment part of the treatment plan?

◯ No ◯ Yes

What is the diagnosed medical health condition being treated?:

Conditions/Concerns -: _____

How will this treatment restore the health of the patient?:

Diagnosis of this medical condition has been made by a medically qualified professional?:

Review of PT or previous treatment:

Photos Taken

◯ No ◯ Yes

Consented for:

☐ Global
☐ Vascular
☐ Pigmentation
☐ Genesis

No of TX: _____ **Area treated:** _____

Skin cleaned and prepped

Handpiece used:

☐ Coolview
☐ Dermastat
☐ Genesis

Wavelength:

☐ 532
☐ 1064

Skin Type:

◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6

532 settings

Spot Size: _____ **Fluence:** _____

Pulse Duration: _____

Cooling: (degrees)

◯ 5 ◯ 10 ◯ 15 ◯ 20

1064 settings

Spot size: _____ **Fluence:** _____

Pulse duration: _____

Cooling: (degrees)

◯ 5 ◯ 10 ◯ 15 ◯ 20

Total Shots: _____

Skin observations immediately after treatment:

Aftercare given, aware of downtime and side effects.

Recommended Treatment Plan: _____ **Treatment Interval:** _____

NOTES

Notes