Tracker Laser

Record one entry per line, as close to the event as possible. Bring the completed log to your next appointment.

Name: _____ **Date completed:** _____ dd / mm / yyyy

Date of birth: _____ dd / mm / yyyy **Record / MRN number:** _____

Recorded by: _____ **Period covered:** _____

Complete one row per entry. Record product / batch at the time it is observed rather than from memory.

LASER LOG

Date: _____ dd / mm / yyyy **Time:** _____

Treatment area: _____ **Product / batch:** _____

Notes / action taken

Date: _____ dd / mm / yyyy **Time:** _____

Treatment area: _____ **Product / batch:** _____

Notes / action taken

Date: _____ dd / mm / yyyy **Time:** _____

Treatment area: _____ **Product / batch:** _____

Notes / action taken

Date: _____ dd / mm / yyyy **Time:** _____

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Date: _____ dd / mm / yyyy Time: _____

Treatment area: _____ Product / batch: _____

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Treatment area: _____ Product / batch: _____

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Treatment area: _____ Product / batch: _____

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Treatment area: _____ Product / batch: _____

Notes / action taken

Date: _____ dd / mm / yyyy Time: _____

Treatment area: _____ Product / batch: _____

Notes / action taken

Patterns noticed over this period

Questions for the next appointment