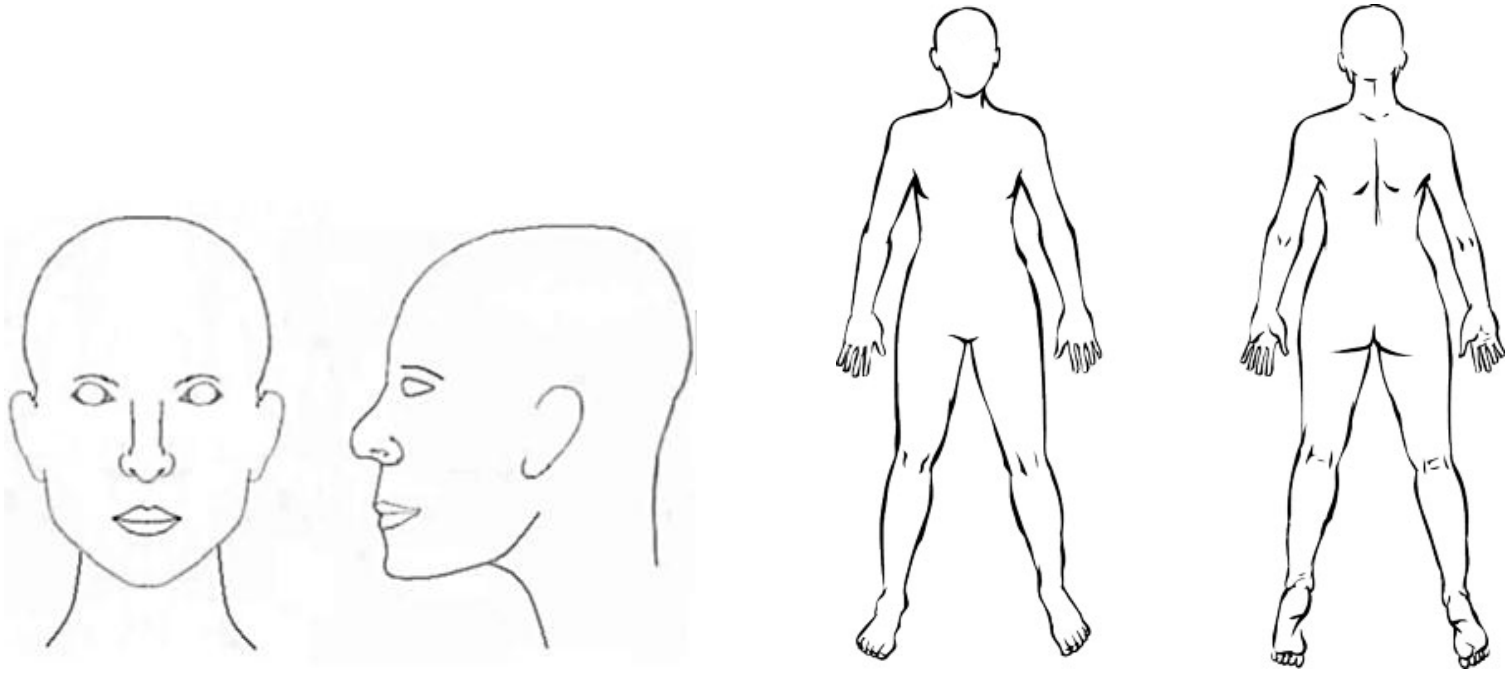
M22™ ResurFX Treatment Log - example

Name of Patient and initials:	Skin Type: (please circle) I II III IV V VI	Patient date of birth: ..... / ..... / .....
Name of Physician and signature:		
Procedure:	Skin resurfacing □ Detail:	
Description of skin condition to be treated:		
Treatment tip checked? Yes □ No □	Treatment area thoroughly cleansed? Yes □ No □	Hair closely shaved? Yes □ No □
Consent Form signed? Yes □ No □	Pre-treatment compliance checklist duly filled out? Yes □ No □	
Medication if any (please specify)		
Anesthesia:	Soothing gel/cream:	
Anti-inflammatory cream:	Antibiotic cream:	
Other:		



Number-tag treatment zones on body map above and record treatment settings in below table

Procedure, date & time	Zone	E (mJ)	D (µspots/cm²)	Cooling (ON/OFF)	Repeat mode (s)	Scan pattern	Scan size (mm)
Test patch settings: ..... / ..... / ..... at ..... h							
Treatment settings: ..... / ..... / ..... at ..... h							
Comments:							
Test patch settings: ..... / ..... / ..... at ..... h							
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