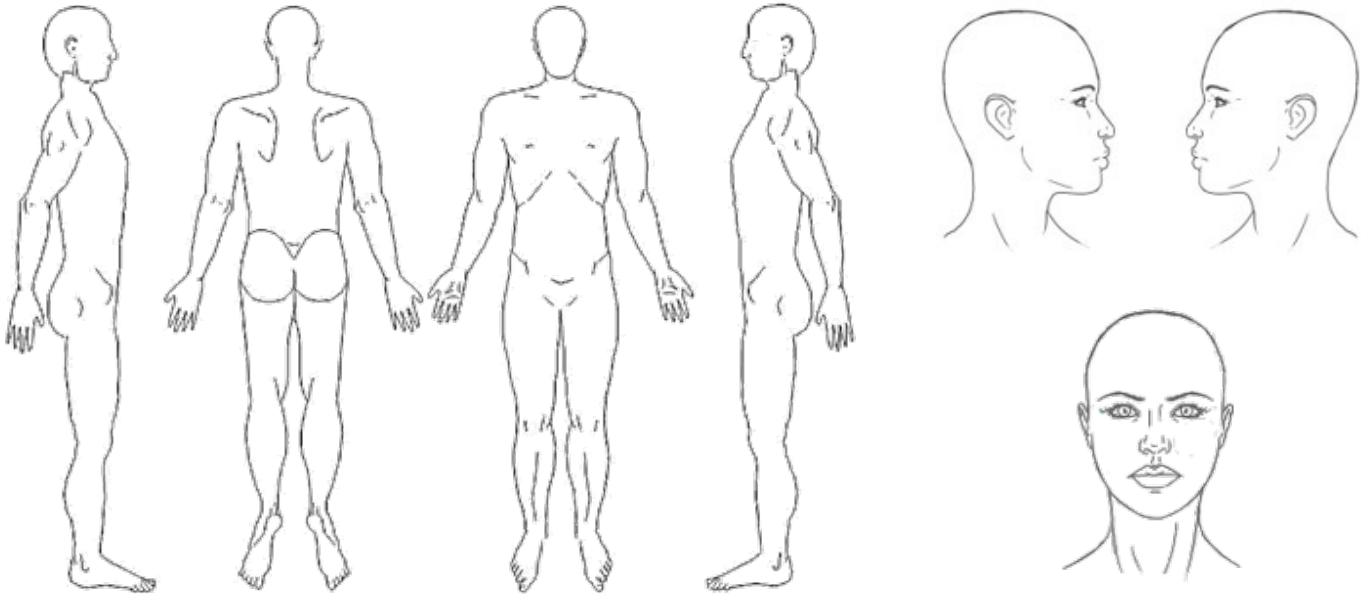




STELLAR M22™ RESURFX TREATMENT LOG

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 <input type="checkbox"/> Detail: _____					
Treatment tip: SapphireCool <input type="checkbox"/> Precision <input type="checkbox"/>		Treatment area thoroughly cleansed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Tip checked? Yes <input type="checkbox"/> No <input type="checkbox"/>		Hair closely shaved? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Consent form signed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Pre-treatment compliance checklist duly filled out? Yes <input type="checkbox"/> No <input type="checkbox"/>			
MEDICATION IF ANY (please specify)					
Anesthesia:		Soothing gel/cream:			
Anti-inflammatory cream:		Antibiotic cream:			
Other:					



Procedure, date & time	Zone	E (mJ)	D (μspots/cm ²)	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 ___							
Treatment settings: ___ / ___ / ___ at ___ h ___							
Comments:							