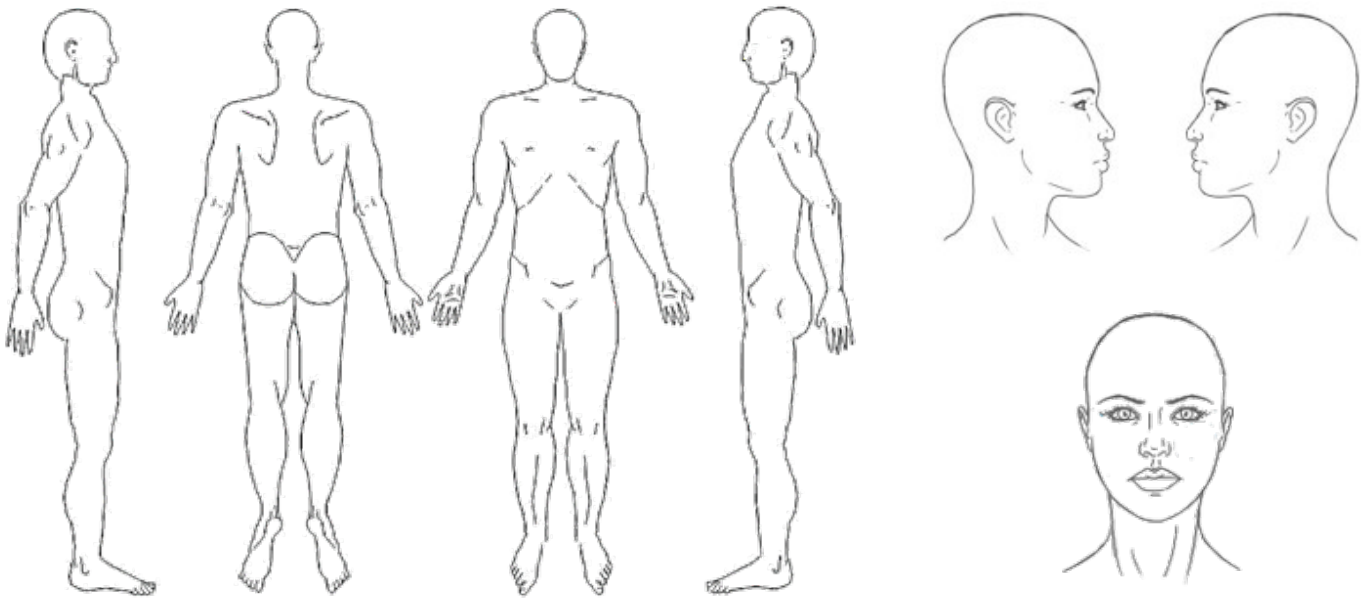




STELLAR M22™ IPL SKIN TREATMENT LOG

Name of Patient and initials:		Skin Type: (please circle) I II III IV V VI		Patient date of birth: / /	
Name of Physician and signature:					
Skin condition to be treated: _____					
Size: _____ Color: _____ Density: _____ Texture: _____ Depth: _____					
Procedure: HR <input type="checkbox"/> PL <input type="checkbox"/> VL <input type="checkbox"/> SR <input type="checkbox"/>			No. of pulses with Universal IPL™ since last calibration:		
Filters checked? Yes <input type="checkbox"/> No <input type="checkbox"/>		Light guides checked? 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"/>			
Hair closely shaved? Yes <input type="checkbox"/> No <input type="checkbox"/>		Treatment area thoroughly cleansed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
MEDICATION IF ANY (please specify)					
Anesthesia:			Soothing gel/cream:		
Anti-inflammatory cream:			Antibiotic cream:		



Procedure, date & time	Zone	Light Guide Large Rectangular (L) Small Rectangular (S) Round (R)	Filter (nm)	# pulses (1,2,3)	PD (ms)	D (ms)	F (J/cm ²)	Cooling (ON/OFF)
Test patch settings: ___ / ___ / ___ at ___ h ___								
Treatment settings: ___ / ___ / ___ at ___ h ___								
Comments:								
Test patch settings: ___ / ___ / ___ at ___ h ___								
Treatment settings: ___ / ___ / ___ at ___ h ___								
Comments:								