



SkinPen Treatment Form

Client Name _____

Age _____

Sex _____

Date _____

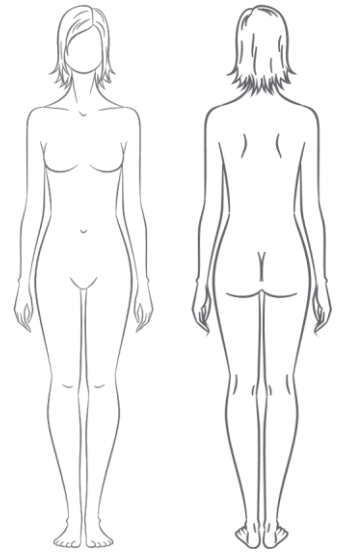
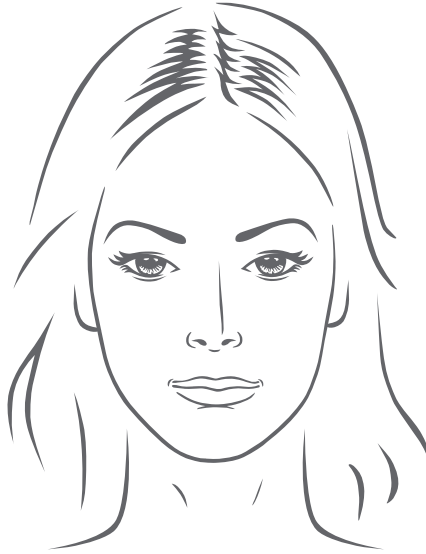
Procedure description _____

PRE-PROCEDURE RECORD

Consent form signed Yes No

CIRCLE AREAS TO BE ADDRESSED:

- | | |
|---------------|---------------|
| Forehead | Crow's feet |
| Upper eyelids | Lower eyelids |
| Cheeks | Neck |
| Upper lip | Chin |
| Nose | Brow |
| Hands | Arms |
| Legs/thighs | Chest |
| Back | Abdomen |



TOPICAL

Numbing agent: BLT
 Other _____

PROCEDURE: FACE OR BODY

	PCR 1	PCR 2	PCR 3	PCR 4	PCR 5	PCR 6
Number of Passes						

PROCEDURE: DEPTH

Forehead						
Eyelids						
Cheeks						
Other: _____						