

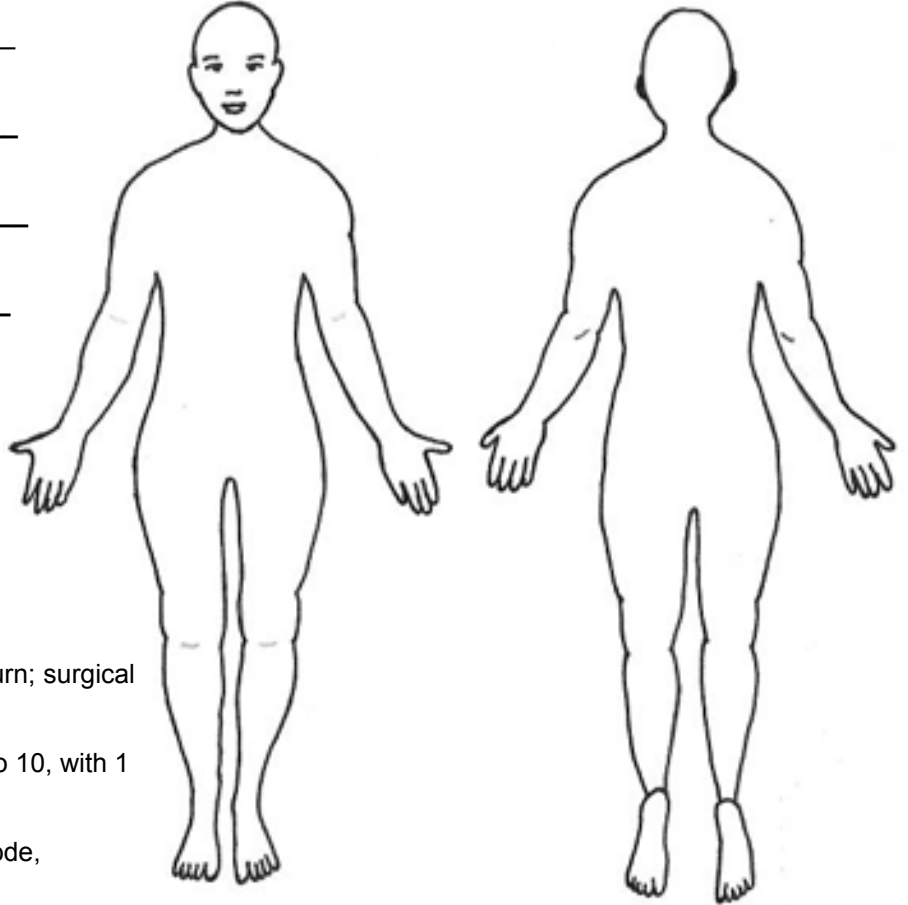
Date: _____

Patient ID Number: _____

Site Location: _____

Physician/Investigator: _____

1. Catalog all scars on diagram (right) and on chart (below).
2. Work on each scar for a minimum of three minutes before beginning any treatment sessions.



To complete chart (below):

Location: Describe where scar is on body.

Type: Indicate source of scarring. For instance: burn; surgical incision; acne; accident.

Appearance before treatment: Use a scale of 1 to 10, with 1 being barely visible.

Mode/duration/power level: Record treatment mode, duration of treatment and power level used.

Appearance after treatment: Use a scale of 1 to 10, with one being barely visible.

Other: Any addition observations of note.

Location	Type	Appearance Before Treatment	Mode/Duration/Power Level	Appearance After Treatment	Other