

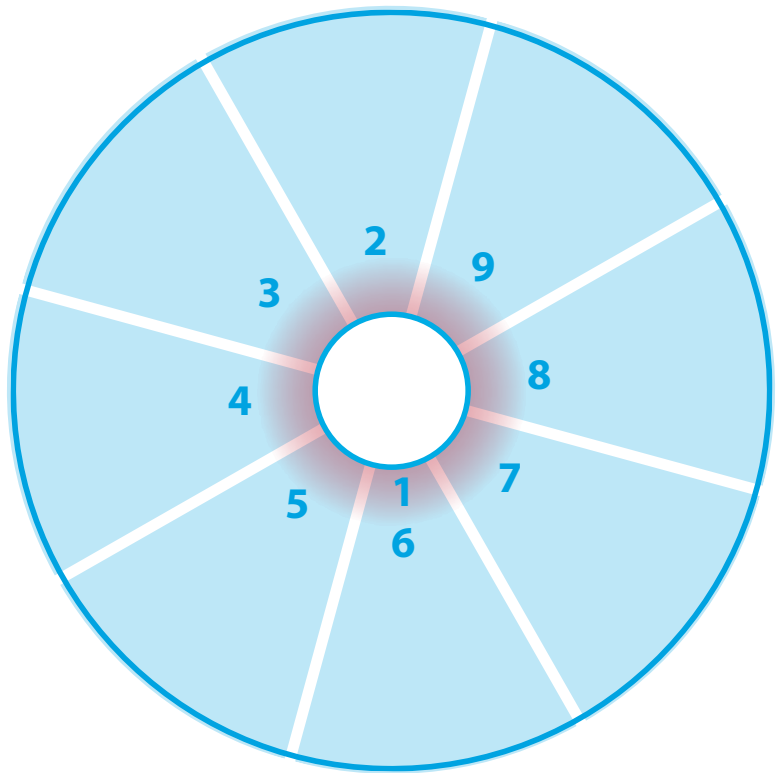
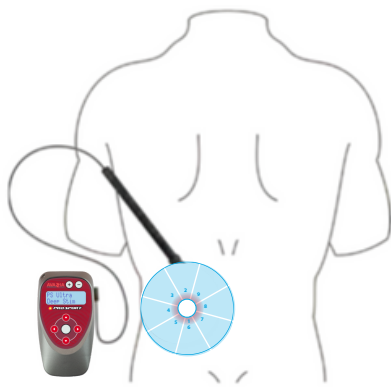
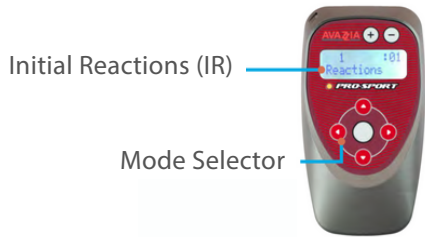
# Patient Data Sheet for Initial Reactions Readings

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

Location of pain: \_\_\_\_\_

Mode: \_\_\_\_\_ Power intensity level: \_\_\_\_\_

**Record IR readings on the chart below.**



IR reading at DZ0: \_\_\_\_\_ Time elapsed at DZ0: \_\_\_\_\_