

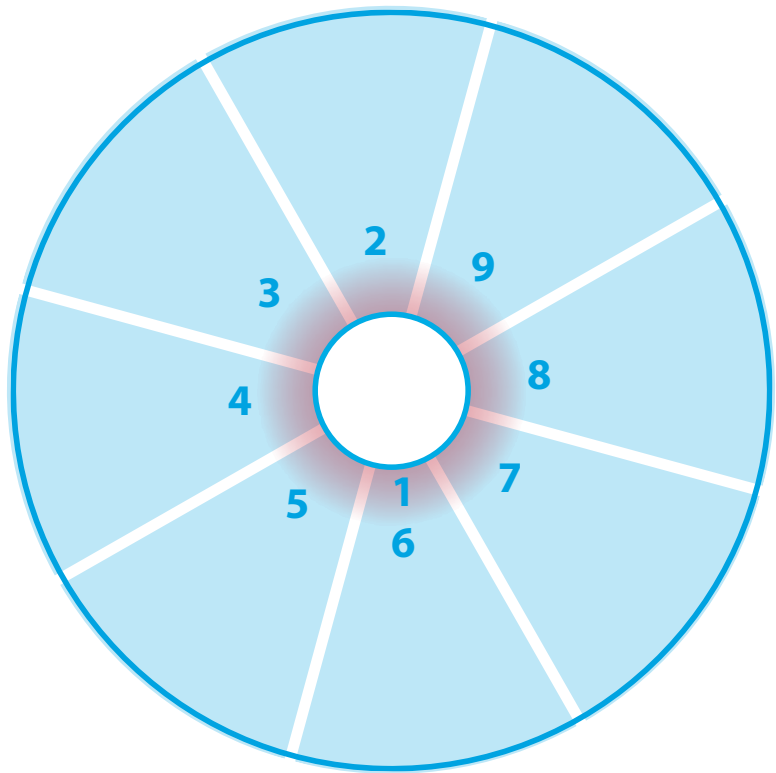
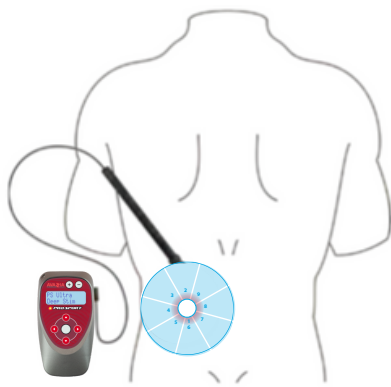
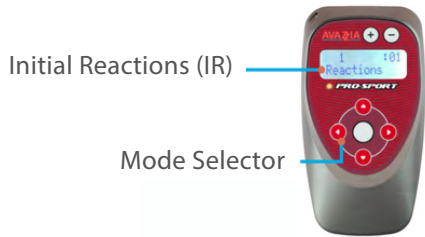
Patient Data Sheet for Initial Reactions Readings

Patient name: _____ Date: _____

Location of pain: _____

Mode: _____ Power intensity level: _____

Record IR readings on the chart below.



OR reading at DZ0: _____ Time elapsed at DZ0: _____