



LightSheer® Desire Skin Treatment Log XC Hand piece

<u>Name of Patient</u>	<u>Patient date of birth:</u> __/__/__
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<u>Date of Procedure:</u>	<u>Date of Procedure:</u>
<u>Area:</u>	<u>Area:</u>
<u>Skin Type:</u> (please circle) I II III IV V VI	<u>Skin Type:</u> (please circle) I II III IV V VI
<u>Hair Color:</u>	<u>Hair Color:</u>
<u>Texture:</u>	<u>Texture:</u>
<u>Rate:</u>	<u>Rate:</u>
<u>Pulse Width:</u>	<u>Pulse Width:</u>
<u># of Pulses:</u>	<u># of Pulses:</u>
<u>Fluency:</u>	<u>Fluency:</u>
<u>Notes:</u>	<u>Notes:</u>

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