



<p>_____</p>	<p><b>Treatment Area:</b> _____</p> <p><b>Skin condition:</b> <input type="checkbox"/> Dry <input type="checkbox"/> Oily <input type="checkbox"/> Normal <input type="checkbox"/> Irritated <input type="checkbox"/> Blotchy <input type="checkbox"/> Red <input type="checkbox"/> Infected <input type="checkbox"/> Healthy Other: _____</p> <p><b>Pores:</b> <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large</p> <p><b>Prepped Skin:</b> <input type="checkbox"/> Saline <input type="checkbox"/> BZK .13%</p> <p><b>Anaesthetic:</b> <input type="checkbox"/> Zensa _____ (min) <input type="checkbox"/> Other: _____ (min)</p> <p><b>Pen Setting:</b> <input type="checkbox"/> High <input type="checkbox"/> Low Other: _____</p> <p><b>Reviewed Medical History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Review &amp; Sign Consent:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Review Aftercare:</b> <input type="checkbox"/> Written <input type="checkbox"/> Verbal <input type="checkbox"/> Gave A/C Kit</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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