

IPL TREATMENT FORM

Name Sample, Patient Beta DOB (dd/mm/yyyy) 14/03/1982

Dx/Treatment/Skin Type Ut suscipit arcu auctor eget.

Allergies test, gluten, penicillin g (parenteral/aqueous) Medications Agenerase, Yasmin

Medical Hx *Donec elementum dapibus tellus, vulputate vestibulum nisi facilisis sed. Vestibulum ut ante dolor. Proin pretium tempor ante in lacinia. Nulla facilisi. Sed a fringilla elit. Fusce a erat mi. Morbi sit amet quam sagittis diam facilisis pulvinar at vel ipsum. Integer id ultrices mauris. Aenean placerat pellentesque cursus.*

Pre and Post Care Given Photo: Digital Canfield _____ Consent

Anesthetic egestas Other _____

Consult Date 14/07/2014

	SITE - DOSE - FILTER - COMMENTS	FEE
DATE: 14/07/2014 NAME: Sed Justo RX#: 0245664	<i>Nec dolor quis, varius dignissim nisl. Suspendisse volutpat sapien velit, nec commodo mauris dignissim ac. Nullam bibendum mauris id pharetra feugiat. Suspendisse scelerisque a lorem non bibendum. Cras convallis tincidunt libero non rutrum. Pellentesque mauris felis, tincidunt in feugiat nec, molestie sit amet leo. Ut gravida ultricies orci eget aliquam. Proin quam lectus, vehicula vitae erat a, blandit sodales erat. Nam a mi ultricies, laoreet erat in, malesuada libero. Phasellus id faucibus sapien, in hendrerit diam.</i>	\$25.50
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