eMax Treatment Record

PATIENT NAME: _____

TREATMENT: DS / DSL / SR / SRA / AC / ST / WRA / LV / LVA

SKIN TYPE: I II III IV V VI

Date	Tx area	Optical fluence	RP fluence	Pulse type	ISL %	Notes (chart # of segmental passes and where)
				S / L		
				S / L		
				S / L		
				S / L		
				S / L		
				S / L		
				S / L		
				S / L		
				S / L		