



PATIENT FORM

Name of Patient : _____
 Date : _____
 Fitzpatrick Skin Type : _____
 Date of Birth : _____
 Age at Treatment : _____

TREATMENT FOR :

- PRF
- Microneedling
- Bio-Filler
- SmoothLase
- Laser Peel
- Botulinum Toxin
- Dermal Filler



Products : _____
 Batch Number : _____
 Units (mL) : _____

MERZ SCALE :

UPPER FACE	A	B	C	D	E	F	G
VALUE							

MID FACE	A	B	C	D
VALUE				

LOWER FACE	A	B	C	D	E	F	G	H
VALUE								

Additional Notes : _____

Photo today : Yes No