

Patient Treatment Log



First Bio-CARE®

Second Bio-CARE®

Third Bio-CARE®

Date:

Patient Name: _____ Age: _____ Male: ___ Female: ___

X indicates injection spot
 Line indicates vein removal
 Circle indicates spot removal



Notes	
Heat setting: (L)	(R)
_____	_____
_____	_____
_____	_____
_____	_____

Laser Treatment	Energy Setting on Laser	Number of Passes
SmoothLase Cheeks		6 5 4 3 2 1
Nasolabial Folds		6 5 4 3 2 1
Smoothlase Lips		6 5 4 3 2 1
Smooth Eye		6 5 4 3 2 1
Lip Lase		6 5 4 3 2 1
Laser Peel		6 5 4 3 2 1

Micro-Needling	Depth of needles (mm)	Number of Passes
Right Cheek		6 5 4 3 2 1
Left Cheek		6 5 4 3 2 1
Neck		6 5 4 3 2 1
Chin		6 5 4 3 2 1
Upper lip		6 5 4 3 2 1
Forehead		6 5 4 3 2 1
Nose		6 5 4 3 2 1