Pure Aesthetica

TREATMENT RECORD Exceed™ microneedling

☐ CONSENT SIGNED ☐ PHOTOS TAKEN

Patient Name: ______________________ Date: __________

Treatment #: __________ Treatment Area(s): ______________________

Skin Type: I II III IV V VI

Cartridge Lot #: __________ Ref: __________

Technician: ______________________

Medi-Peptides: ______________________

Topical Anesthetic: ______________________

Pre-Treatment Meds: ______________________

Topical Glide: ______________________

Facial Wrinkle Assessment	Area(s) that Apply
Superficially Defined: *Appear with Movement*	
Moderately Defined: *Appear at Rest*	
Extensively Defined: *Redundant Fold*	

Facial Acne Scar Assessment	Area(s) that Apply
Icepick: *Deep, Vertical, Narrow*	
Rolling: *Wide, Shallow Depressions*	
Boxcar: *Oval-Round, Sharply Demarcated*	

Indication	Needle Depth	Frequency (Hz)
Periorbital Lines		
Cheek Folds		
Glabella Frown Lines		
Facial Acne Scars		

NOTES:

Post Care:

Technician Signature: ______________________ **Date:** __________