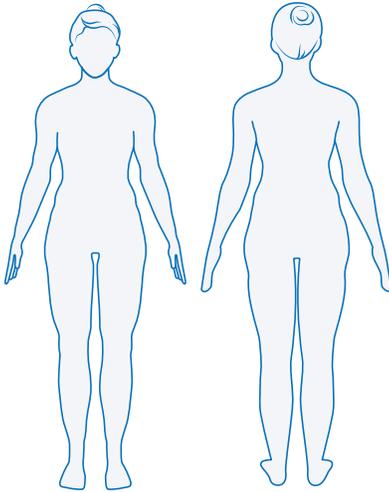


Treatment Record Form

Patient Name: _____

TREATMENT SESSION # **Date:** _____ **Weight:** _____ **Led by:** _____

Applicator Placement



Pre-treatment photos taken

Start time: _____ **End time:** _____

CoolMini® Applicator vacuum setting: _____ **[50 for mini / 60 for all others]**

CoolAdvantage™ Applicator:

- CoolCurve+ Advantage™ Contour
- CoolCore Advantage™ Contour
- CoolFit Advantage™ Contour

CoolAdvantage Petite™ Applicator:

- CoolAdvantage Petite Curve Contour
- CoolAdvantage Petite Curve Plus Contour
- CoolAdvantage Petite Flat Contour

CoolAdvantage Plus™ Applicator:

- CoolCurve+ Advantage Plus Contour
- CoolCore Advantage Plus Contour

CoolSmooth™ Applicator

CoolSmooth PRO™ Applicator

Treatment comments/observations: 2-minute post-treatment massage

Follow-up appointment comments **Date:** _____ **Led by:** _____

After photos

Payment Notes [deduct consultation and booking fees if applicable / 7.65% is added for GST and fees]

Clinical Notes: