



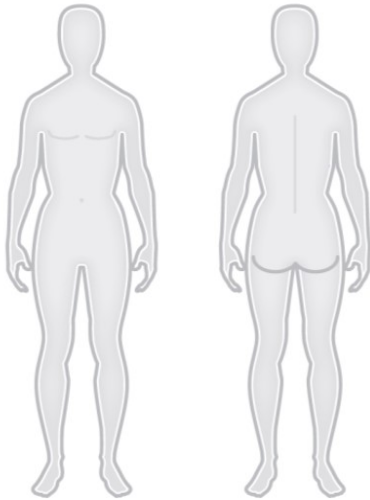
# TREATMENT RECORD FORM

Patient Name: \_\_\_\_\_

Patient ID/No: \_\_\_\_\_

**TREATMENT SESSION#**  Date: \_\_\_\_\_ Weight: \_\_\_\_\_ Led by: \_\_\_\_\_

### Applicator Placement



- Pre-treatment photos taken Start time: \_\_\_\_\_ End time: \_\_\_\_\_
- CoolMini® Applicator
- CoolAdvantage™ Applicator: CoolAdvantage Petite™ Applicator:
- CoolCurve+ Advantage™ Contour  CoolAdvantage Petite Curve Contour
  - CoolCore Advantage™ Contour  CoolAdvantage Petite Flat Contour
  - CoolFit Advantage™ Contour
- CoolAdvantage Plus™ Applicator:
- CoolCurve+ Advantage Plus Contour
  - CoolCore Advantage Plus Contour
- CoolSmooth™/CoolSmooth PRO™ Applicator vacuum settings:  60-75-60  \_\_\_\_\_

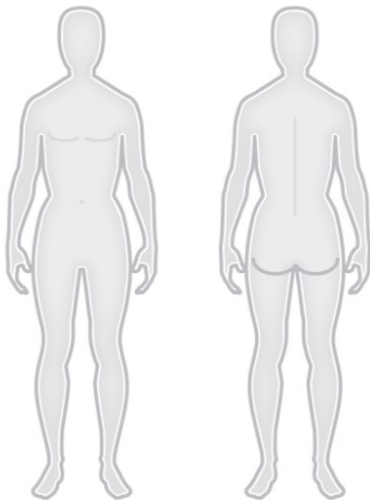
Treatment comments/observations:  2-minute post-treatment massage

Follow-up comments/observations: \_\_\_\_\_ Date: \_\_\_\_\_ Weight: \_\_\_\_\_ Led by: \_\_\_\_\_

Post-treatment photos taken  
 48-hour post-treatment phone call

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