



SURFACE COSMETIC AND ANTIAGING CLINIC PROCEDURE NOTE

Name: _____ date: ____/____/20

Procedures: _____

All the risks and benefits were discussed with patient in details and patient understood and agreed. Consent signed

1. **Thermage:** _____ Area: _____ Pulse: _____ Energy level: _____ Pain level: _____

Patient tolerated procedure well with no problems. Problems:

2. **Lift:** Patient presents for lift area: A A1 A2 A3 Patient tolerated procedure well, note enclosed.

Problems: _____

3. **Filler:** _____ Area: _____ product: _____ number of syringes: _____

Problems: None Edema Erythema Ecchymosis Hematoma: _____ Pain level: _____

4. **Botox:** _____ Area: _____ Volume: _____ Pain level: _____

complications: None Edema Erythema Ecchymosis Hematoma

Pain level: _____ Other complications: _____

5. **Chemical Peel:** _____ Area: _____ Concentration: _____ Pain level: _____

Complications: None Edema Erythema Blister Others: _____

6. **Medical Procedure:** _____ Area: _____ Complications: _____

Patient tolerated procedure well with no problems.

7. **Tesla:** _____ Area: _____ Pain level: _____ Complications: _____ None

8. **Vibraderm:** _____ Area: _____ Pain level: _____

Complications: _____ None

Next visit:

Patient tolerated procedure well.

Patient did not tolerated procedure and procedure was canceled.

Other complications or problems:

All the post treatment care was explained to the patient upon discharge.