



Patient: _____ Date: _____

Skin Type (circle one): I II III IV V VI

Tattoo Only

Area to be treated: _____

Age of tattoo: _____

Colors: _____

Location: _____

Description: _____

Size of tattoo: _____

Notes: _____

Dermal/Epidermal Conditions

Type of Lesion or Treatments: _____

Area To Be Treated: _____

Description: _____

Notes: _____
