YUMA LASER CENTER

Patient Name: _____ Age: _____

Facial procedures Pigment Dermal Epidermal Laser Peel

Nevus of Ota Nevus Ito Becker's Nevus Other _____

(circle one)

Comments: _____

Test Spot :_____

Tx	Date	Rep Rate (Hz)	Wave-length (nm)	Fluence (J/cm²)	Spot Size (mm)	Area Treated	Anesthetic	Clinician
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								