

LASER FLOW SHEET

Patient Name:

DOB:

Treatment Area:

Indication:

Treatment #

	Fluence J/cm ²	Pulse Duration	Spot Size	Number of Pulses	Cooling
PDL 595 nm					
Diode 810 nm					
ICON: MaxG MaxY MaxR/Rs					
Icon 1540 nm XF/XD					

Clinical Endpoint:

- Post-treatment instructions given and reviewed with the patient
- Emphasized sun protection

Attending Signature _____ Date _____