

# Mesotherapy Treatment Record

Patient Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_

Physician: \_\_\_\_\_ Nurse: \_\_\_\_\_

Allergies: \_\_\_\_\_

Procedure: \_\_\_\_\_

Treatment Number: \_\_\_\_\_

Topical Anesthesia: \_\_\_\_\_

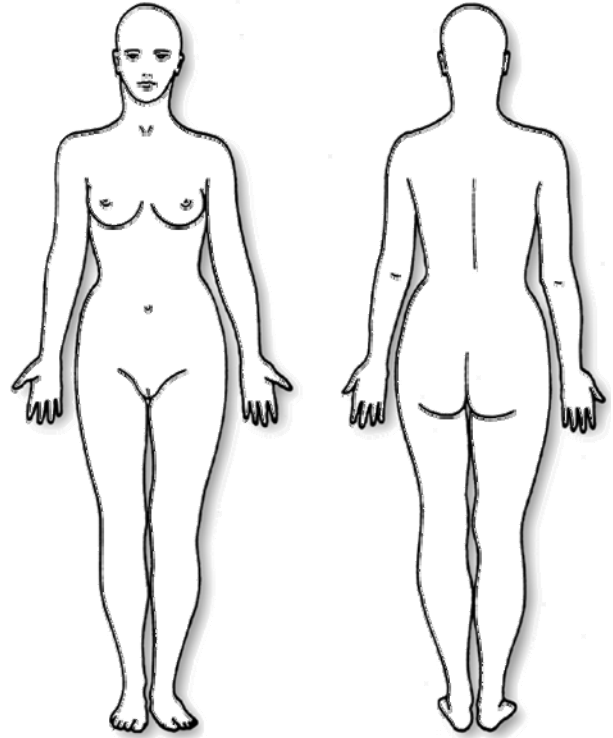
Skin Prep: \_\_\_\_\_

Pre-Tx Measurements: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



MEDICATION					
Syringe 1	c.c	c.c	c.c	c.c	c.c
Syringe 2	c.c	c.c	c.c	c.c	c.c
Syringe 3	c.c	c.c	c.c	c.c	c.c
Syringe 4	c.c	c.c	c.c	c.c	c.c
Syringe 5	c.c	c.c	c.c	c.c	c.c

AREAS					
Amount Used	c.c	c.c	c.c	c.c	c.c

Total c.c used: \_\_\_\_\_

Follow Up Procedure Due: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_