

InjectableRF® Treatment Record

Treatment Performed _____

Patient Name _____ Date _____

Provider Name _____ Start Time: _____ End Time: _____

Consent Signed Before Pictures Taken After Pictures Taken

Grounding Pad Location _____ Disposable Ground Pad Lot# _____

Injectable RF® Electrode Size Used: _____ Injectable RF® Electrode Lot# _____

Treatment Area	Infiltration Volume	Set Temp Subdermal <i>Superficial</i>	Set Temp Subdermal <i>Deep</i>	Max Surface Skin Temperature (recommended not to exceed 47°C)	Total RF Time
TOTALS					

PROCEDURE

Prep: Betadine Hibiclens Other _____

Infiltration Mixture Used: _____

Compression Garment

NOTES

Assistant Signature: _____

Date: _____