

Transdermal RF Treatment Record

Treatment Performed: _____

Patient Name _____ Date _____

Treatment # _____ Consent Signed Before Pictures Taken After Pictures Taken

Grounding Pad Location _____

Disposable Ground Pad Lot# _____ Disposable Electrode Lot# _____

| Treatment Record | | | | |
|------------------|---|----------------|--|---------------------|
| Area Treated | Electrode Size Used <small>Size of electrode for ThermiSmooth® and Thermi 250® or "Va" for ThermiVa®</small> | Set Temp °C | Max Surface Tissue Temp Achieved <small>(ACT TEMP)</small> | Total Time (min) |
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NOTES / COMMENTS

Treatment provided by (signature) _____ Title _____

DCR 2018-037

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