



SCAR PROCEDURE NOTE

PATIENT NAME: _____

DATE OF SERVICE: _____

SCAR LOCATION ON BODY: _____

CAUSE OF SCAR: _____

SIZE OF TREATED AREA IN SQ CM: _____

CONSENTS/BEFORE AND AFTER PHOTOGRAPHS:

PATIENT DESCRIPTION:

PROCEDURE DESCRIPTION:

PIGMENTS/INKS USED FOR PROCEDURE:

MEDICAL DEVICE/ MACHINE(S) USED:

NEEDLES USED:

TOPICALS (IF ANY) USED:

ARTIST NAME: _____

ARTIST SIGNATURE: _____

