

Microsclerotherapy Treatment Record Form

Client Reference No: _____

Client Name: _____

D.O.B: _____

Treatment No: _____ Date: _____

Haemasiderin:

Matting:

Ulceration:

Clots requiring expulsion:

Other:

<i>Drug/% strength</i>	<i>Lot no</i>	<i>Exp date</i>	<i>Volume</i>	<i>Signed</i>

Notes:

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Notes: