



# ZERONA CONSULT

WCH PATIENT: YES \_\_\_\_\_ NO \_\_\_\_\_

REFERRAL SOURCE: \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Wt \_\_\_\_\_ Ht \_\_\_\_\_ BP \_\_\_\_\_ LMP \_\_\_\_\_

BMI \_\_\_\_\_

\_\_\_\_\_ Medical History

\_\_\_\_\_ Contraindications

\_\_\_\_\_ Non-Invasive, body slimming, low- level Laser treatment, no down time

\_\_\_\_\_ Local and Systemic Action

\_\_\_\_\_ Area to Improve \_\_\_\_\_

\_\_\_\_\_ Apple \_\_\_\_\_ Pear \_\_\_\_\_ Papaya

\_\_\_\_\_ Expectations, Pictures

\_\_\_\_\_ Guarantee 3 inches total loss, 75% satisfaction rate, Patient Protocol given

Plan: \_\_\_\_\_ # of treatments. Pt. wishes to begin approximately \_\_\_\_\_

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

Provider \_\_\_\_\_

\_\_\_\_\_ CONSENT \_\_\_\_\_ CURVA \_\_\_\_\_ PAID AMOUNT \$ \_\_\_\_\_

TREATMENT SCHEDULE: \_\_\_\_\_

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