

Female ZERONA® Measurement Form

Practice Name _____ Physician Name _____

PATIENT INFORMATION			
Patient Name		Patient Number	
Age		Height	
City	State	Zip Code	

ZERONA PATIENT MEASUREMENT RESULTS							Limited Guarantee Treatments
Measurements	Distance from ground up to marked area	Before 1st ZERONA Treatment (BASE)	After 6th ZERONA Treatment (6th)	After 9th ZERONA Treatment (9th)	After 12th ZERONA Treatment (12th)	Final Measurement (one week after Final Treatment)	Total Loss per Measurement Area (BASE minus FINAL)
Date of Measurement							
Weight each measurement date							
Center Diode Distance							
Back							
Waist							
Mid-Abdomen							
Hips							
Right Thigh							
Left Thigh							
Total Inches Lost							
Patient Initials							
Medical Professional Initials							

ADDITIONAL SYSTEMIC MEASUREMENT RESULTS							
Measurements	Distance from ground up to marked area	Before 1st ZERONA Treatment (BASE)	After 6th ZERONA Treatment (6th)	After 9th ZERONA Treatment (9th)	After 12th ZERONA Treatment (12th)	Final Measurement (one week after Final Treatment)	Total Loss per Measurement Area (BASE minus FINAL)
Neck							
Right Arm							
Left Arm							
Right Knee							
Left Knee							
Total Systemic Inches Lost							
GRAND TOTAL INCHES LOST							
Patient Initials							
Medical Professional Initials							

- Each treatment cannot be more than 72 hours apart. 48 hours between treatments is ideal.
- You must come back for your final measurement approximately 7 days after your final treatment.

Email completed forms weekly to: clientservices@sbmi.com or fax to 888.217.6569

Patient Signature _____ Date _____

Medical Professional Signature _____ Date _____