

# CONROE FAMILY DOCTOR

*caring for your family as we would our own*



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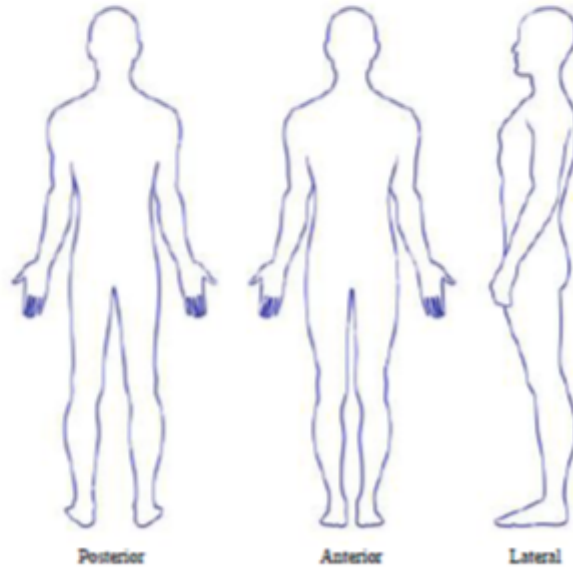
Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

BMI: \_\_\_\_\_ Weight: \_\_\_\_\_ TX #: \_\_\_\_\_ Age: \_\_\_\_\_

Pre TX images taken:  Yes  No      Number of PACs used: \_\_\_\_\_

TX Area	Energy in Build (W/cm <sup>2</sup> )	End Build Zone Score	Energy Adjustment /Zone 2 min	PAC #1		PAC #2		PAC #3		PAC #4	
				Watts/Zone	Watts/Zone	Watts/Zone	Watts/Zone	Watts/Zone	Watts/Zone		

Notes:



Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_