truSculpt® iD

CONSULTATION FORM

CONSULTANT NAME: _____ DATE: _____

PATIENT INFORMATION

LAST NAME: _____ FIRST: _____ DOB: _____

PHONE: _____ EMAIL: _____

WEIGHT: _____ HEIGHT: _____

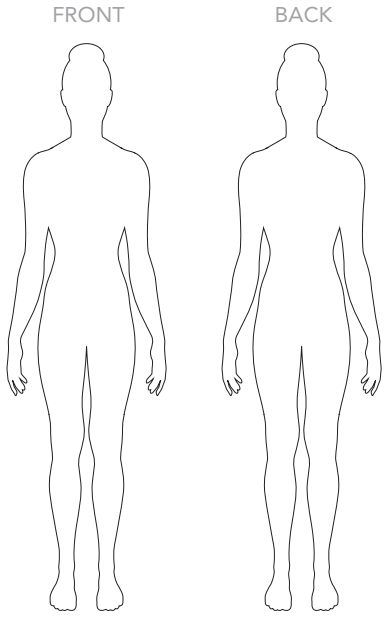
Have you tried other fat loss treatments before? Please specify treatments:

_____

Are you preparing for any special event?

_____

	AREA OF CONCERN?	# OF HANDPIECES	PRICE	# OF TXS
LOWER ABDOMEN	☐ YES ☐ NO			
UPPER ABDOMEN	☐ YES ☐ NO			
RIGHT FLANK	☐ YES ☐ NO			
LEFT FLANK	☐ YES ☐ NO			
	☐ YES ☐ NO			
	☐ YES ☐ NO			
	☐ YES ☐ NO			
	☐ YES ☐ NO			
	TOTAL			
	DISCOUNT			
	QUOTE			



Comments: _____

_____

Scheduled Appointment

DATE: _____ TIME: _____ PROVIDER: _____

CUTERA®
FACE + BODY AESTHETIC SOLUTIONS