

JUNERA

Client Intake & Procedure Record

Patient Identification

- **Name:** _____
- **Date:** _____
- **Treatment Areas:** _____

Medical History

- **Medications & Supplements:**

- **Autoimmune/Connective Tissue Disorder?** _____
- **Allergies:**

Pre-Procedure Protocols

- **Valtrex Started:** YES / NO
Date: _____
- **HQ (Hydroquinone) Using:** YES / NO
Date: _____
- **Wearing Contact Lenses?** _____

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Vitals & Calculations

- **BP:** _____ / _____
- **Pulse:** _____
- **Temp:** _____
- **Weight (kg):** _____
- **Local Anesthetic Calc:** 7 mg/kg × _____ kg = _____ mg total allowable

Medication Administration

- **Meds/Dosage/Time:**

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Treatment Zones & Settings (Face)

Area	L 980	L 1470	R 980	R 1470
Cheek				
Jawline				
Submentum				
Neck				
Eyes				

Treatment Zones & Settings (Body)

Area	L 980	L 1470	R 980	R 1470
Arms				
Upper Abdomen				
Lower Abdomen				
Thigh				
Knee				
Buttock				
Other: _____				

Post-Care & Logistics

- **Instructions Discussed:** YES / NO
- **Kit Given:** YES / NO
- **Driver Name/Number:** _____

Procedure Log & Sign-off

- **Provider Signature:** _____
- **Provider Name:** _____
- **Date:** _____