

JUNERA

Treatment Area	980 nm	1470 nm	Total Energy	Notes
Lower Eyes	Advanced	1–3 W	10 J/cm ²	Watch for tissue color change and texture. Less is more.
Upper Eyes	N/A	2–4 W	10 J/cm ²	Avoid supraorbital notch where supraorbital nerve exits, becomes superficial, and travels medial. No fiber advancement medial to the notch. Hard stop.
Midface	Advanced	4–5 W	15–20 J/cm ²	Infraorbital foramen = hard stop. Avoid angular vessels along nasolabial fold. Avoid lateral orbital rim / zygoma–temple junction. Thin tear trough = rapid heat stacking.
Jawline	4–8 W	4–6 W	20–25 J/cm ²	Marginal mandibular nerve = primary danger where it crosses superficial to the facial artery. Avoid mental foramen.
Double Chin	4–8 W	4–8 W	20–25 J/cm ²	Enter midline and immediately travel lateral. Avoid midline as skin is fragile and thin. Burn risk.
Neck	6–8 W	6–9 W	20 J/cm ²	Platysma = stay superficial. Midline neck = avoid thyroid. Marginal mandibular nerve at upper neck = high caution. Carotid triangle = no-treat zone. Avoid stacking passes. If glide changes or tissue grabs, stop.

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Arms	15–20 W	6–9 W	20–25 J/cm ²	Treat with quick, initial low-watt 980 pass to mobilize, then go to therapeutic ranges. Posterior arm = safer than anterior.
Belly	15–20 W	11–15 W	20–25 J/cm ²	Treat with quick, initial low-watt 980 pass to mobilize, then go to therapeutic ranges. Umbilicus = no-treat zone — stay superficial and circumferential. Reduce energy for peri-umbilicus tx. Watch depth (fiber tends to want to descend). Treat only horizontally, not vertically.
Thigh	15–20 W	6–9 W	20–25 J/cm ²	Treat with quick, initial low-watt 980 pass to mobilize, then go to therapeutic ranges. Stay superficial and keep passes parallel to long axis.
Buttock	15–20 W	6–9 W	20–25 J/cm ²	Treat with quick, initial low-watt 980 pass to mobilize, then go to therapeutic ranges. Stay superficial and horizontal. Upper-outer buttock only. Deep = danger. Sciatic = no-treat zone.