



Patient Consultation Form

Patient Name: _____ Date: _____

Consultation led by: _____ Gender: M / F Weight _____

GOALS:

Patient Goals and Timeline (e.g. special occasion in 3 months)

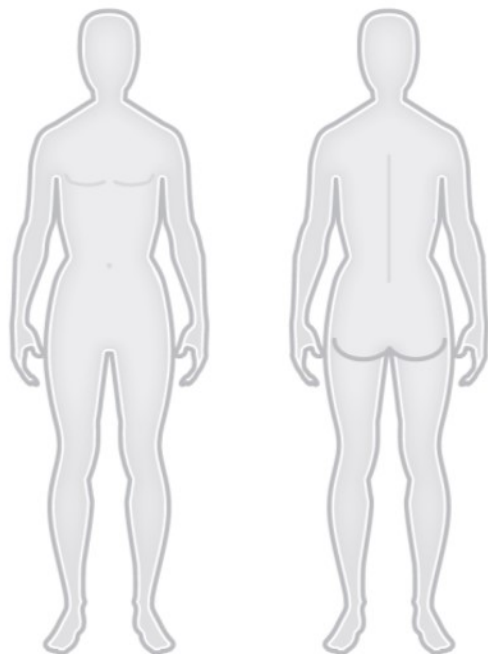
Availability for Treatment?

(Circle preferences)

M Tu W Th F Sa

Morning Afternoon Evening

ASSESSMENT:



TREATMENT PLAN

CoolMini[®] Applicator: _____

CoolAdvantage[™] Applicator: _____

CoolCurve+ Advantage[™] Contour _____

CoolCore Advantage[™] Contour _____

CoolFit Advantage[™] Contour _____

CoolAdvantage Petite[™] Applicator _____

CoolAdvantage Petite Curve Contour _____

CoolAdvantage Petite Flat Contour _____

CoolCurve+ Advantage[™] Contour _____

CoolAdvantage Plus[™] Applicator: _____

CoolCurve+ Advantage Plus Contour _____

CoolCore Advantage Plus Contour _____

CoolSmooth[™] /CoolSmooth PRO[™] Applicator: _____

Total cycles: _____

SPECIFIC:

PRICING:

Total Transformation Package

Retail Price: _____

Patient Price: _____

Patient Savings: _____

Targeted Transformation Package

Retail Price: _____

Patient Price: _____

Patient Savings: _____