

INTRALIPOTHERAPY DESOBODY AND DESOFACE TREATMENT RECORD

Name of Patient:

Date of Birth:

Address:

Product/s:	Batch Number/Expiry	Volume	Anaesthetic
Date of Treatment 1: 11/06/2021			
Date of Treatment 2: Click or tap to enter a date.			
Date of treatment 3 : Click or tap to enter a date.			
Date of Treatment 4: Click or tap to enter a date.			

