

Patient Consultation Form

Patient Name: _____ Date: _____

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

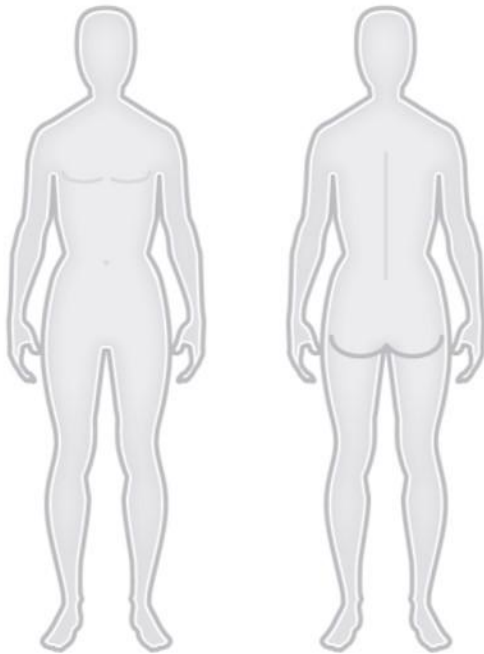
GOALS:

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:	_____
CoolCurve+™ Applicator / Contour:	_____
CoolCore™ Applicator / Contour:	_____
CoolFit™ Applicator / Contour:	_____
CoolMax™ Applicator	_____

Total cycles: _____

SPECIFIC:

PRICING:

Total Transformation Package

Retail Price: _____
 Patient Price: _____
 Patient Savings: _____

Targeted Transformation Package

Retail Price: _____
 Patient Price: _____
 Patient Savings: _____