Karta zabiegowa RF mikroigłowej i frakcyjnej

IMIĘ I NAZWISKO KLIENTA ...................................................................................................................................

TELEFON KONTAKTOWY ......................................................................................................................................

E-MAIL ..................................................................................................................................................................

WIEK ........…………………………………………………………………………………………………..............................

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| **Data wykonania****zabiegu** | **Miejsca zabiegu** | **Osoba wykonująca zabieg**  | **Szerokość impulsu (0,1 do 0,3 s)** | **Poziom mocy Wat od 10 do 150** |
|  | twarz ...................................szyja ....................................dekolt ...................................brzuch ..................................nogi .....................................inne ...................................... |  |  |  |
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