Patient Name:	/	
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Lesion Location:	Lesion 2	Lesion Location:
Lesion Type: Lesion Height: Diameter:		Lesion Type: Lesion Height: Diameter:
Diagnosis:	Freeze Time:mm Pen Tip Size:mm	Diagnosis:
	Lesion Height: Diameter:	Lesion Height: Diameter: Diagnosis: Freeze Time:

Lesion 3	Lesion Location:	Lesion 4	Lesion Location:
The South And South	Lesion Type: Lesion Height:	The state of the s	Lesion Type: Lesion Height:
	Diameter:		Diameter:
Freeze Time:mm Return Visit:	Diagnosis:	Freeze Time:mm Return Visit:	Diagnosis:

Notes:	 	 	

Were any lesions itching, bleeding, painful, recently changing, or located in a problem area?