



MICRONEEDLING

Treatment Tracker

CONSISTENCY
creates
TRANSFORMATION.

TREATMENT DATE: _____

TREATMENT #: _____

TIME STARTED: _____ TIME FINISHED: _____

DEVICE USED: _____

CARTRIDGE / NEEDLE TYPE: _____

LOT #: _____

PRODUCTS & PREP

♥ NUMBING CREAM USED: _____

TIME ON: _____ % STRENGTH: _____

SERUM / PRODUCTS APPLIED DURING TREATMENT:

♥ _____
♥ _____
♥ _____

TREATMENT AREAS

☐ FULL FACE ☐ FOREHEAD ☐ CHEEKS
☐ NOSE ☐ CHIN ☐ NECK
☐ DÉCOLLETÉ ☐ OTHER: _____

TREATMENT SETTINGS

AREA	DEPTH (MM)	PASSES	NOTES
FOREHEAD			
CHEEKS			
NOSE			
CHIN			
NECK			
DÉCOLLETÉ			
OTHER			

♥ Depth recommendations: 0.25 – 0.5 mm for maintenance
0.5 – 1.0 mm for texture / scars (adjust as needed)

IMMEDIATE POST-TREATMENT

SKIN RESPONSE: ☐ Minimal Redness ☐ Red ☐ Very Red ☐ Swelling

SENSITIVITY: ☐ None ☐ Mild ☐ Moderate ☐ High

ANY BLEEDING: ☐ None ☐ Pinpoint ☐ Moderate ☐ Heavy

NOTES: _____

24-HOUR CHECK-IN

REDNESS: ☐ None ☐ Mild ☐ Moderate ☐ High

SWELLING: ☐ None ☐ Mild ☐ Moderate ☐ High

NOTES: _____

3-DAY CHECK-IN

PEELING: ☐ None ☐ Light ☐ Moderate ☐ Heavy

TIGHTNESS / DRYNESS: ☐ None ☐ Mild ☐ Moderate ☐ High

NOTES: _____

7-DAY CHECK-IN

SKIN FEELS: ☐ Calm ☐ Balanced ☐ Dry ☐ Sensitive

ANY BREAKOUTS: ☐ None ☐ A Few ☐ Several

NOTES: _____

RESULTS & GOALS

WHAT CHANGES DO YOU NOTICE?

NEXT TREATMENT GOAL:

WHAT WOULD YOU DO DIFFERENTLY?

BEFORE PHOTO



TAKE PHOTO

NEXT TREATMENT DATE:

____/____/____

AFTER PHOTO



TAKE PHOTO



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