

Patient Data Sheet for PRO-SPORT Initial Reactions Reading

Patient Name: _____

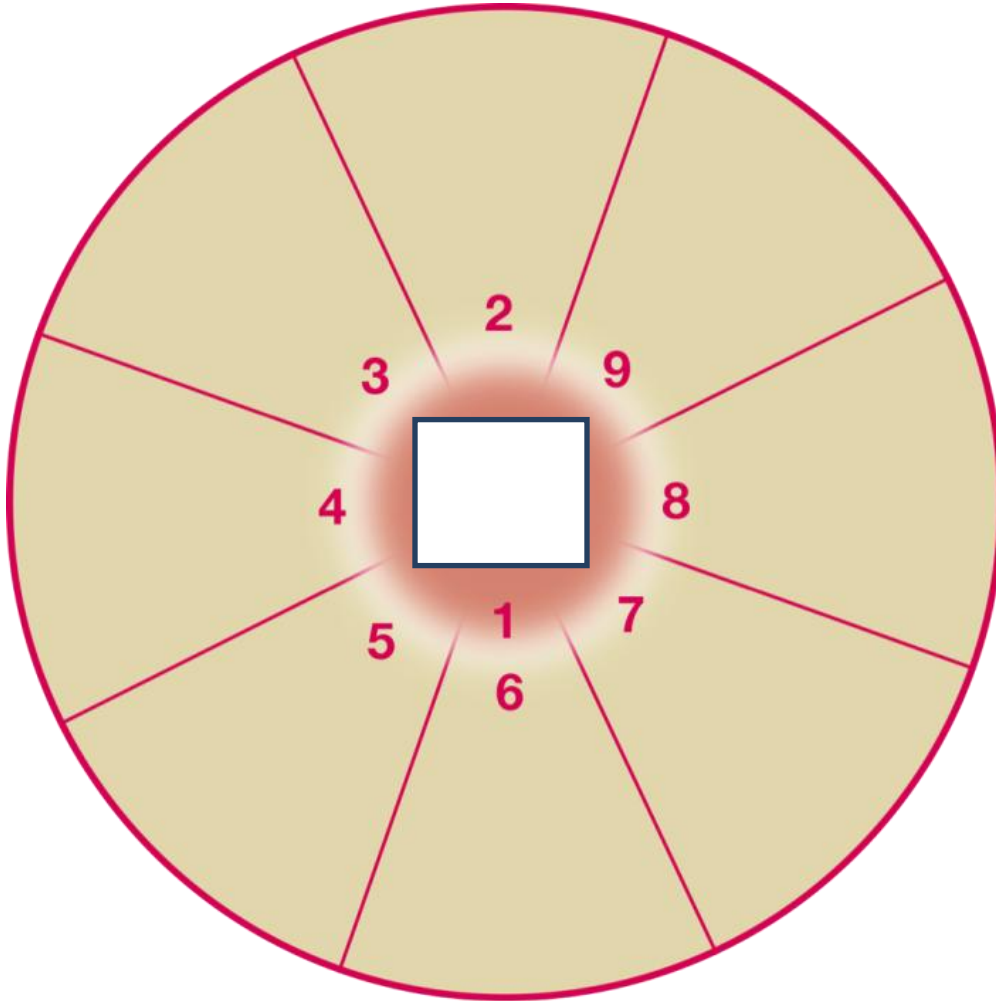
Date: _____

Location of Pain: _____

Mode: _____

Power Intensity Level: _____

Record IR readings on the chart below.



OR Reading at DZO: _____

Time elapsed to DZO: _____