

Use this form to document patient progress, treatment parameters, and clinical outcomes throughout the full course of OrthoWave DualSync™ shockwave therapy. Record all treatment settings, DTA pre-treatment details, pain levels, and patient response for every session. Retain this form in the patient's permanent medical record.

PATIENT INFORMATION

Patient Name:		Date of Birth:	
Primary Condition:		Treatment Area:	
Provider:		Date Treatment Started:	

TREATMENT SESSION TRACKING

Record all parameters and patient response for every session

DTA Setting: Dynamic Tissue Activation™ pre-treatment frequency & duration · **Pain:** Patient-reported pain level 0 (none) – 10 (worst) · **Bars:** Pressure setting · **Hz:** Frequency

SES #	DATE	TREATMENT AREA	BARS	Hz	PULSES	DTA SETTING	PAIN (0-10)	PATIENT RESPONSE / PROVIDER NOTES
1								
2								
3								
4								
5								
6								

SES #	DATE	TREATMENT AREA	BARS	Hz	PULSES	DTA SETTING	PAIN (0-10)	PATIENT RESPONSE / PROVIDER NOTES
7								
8								
9								
10								
11								
12								

CLINICAL OUTCOME SUMMARY
Complete at end of treatment course

Initial Pain Level (0-10):		Final Pain Level (0-10):	
Total Sessions Completed:		Total Pulses Delivered:	
Overall Patient Response:		Condition Status at Discharge:	
Treatment Summary & Clinical Observations:			
Outcome Assessment & Recommendations:			
Referral / Follow-Up Plan:			

Provider / Clinician Signature

Signature

Date: _____

Supervising Physician (if applicable)

Signature

Date: _____

Professional Clinical Use Only: This form is intended for documenting OrthoWave DualSync™ shockwave therapy treatment settings and patient outcomes. Retain the original in the patient's permanent medical record. Contact OrthoWave at **(770) 746-3322** or **theorthowave.com** for clinical support.