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Client: Daniel Polen (5562)

Nov 25, 2025

1. Appointment Details

First Name:

Daniel

Last Name:

Polen

Gender:

☐ Female ☐ Male

☐ Non-Binary

Appointment Date:

11/25/2025

Appointment Time:

5:30 pm

Appointment Type:

Stem Cell Treatment

Session Note

2. Pt presented for stem cell scalp injections, treatment #2. Verified pt name and DOB. GFE and informed consent reviewed. Pt denied any medical changes or new medications since time of GFE. All questions answered prior to injections. Scalp cleansed with witch hazel prior to injections. Pt denied any pain or discomfort post injection. Post care instructions reviewed.

Amount used: 4 mL

Lot: 20B0148

Ref: PG45OH

Exp: 3/20/28

L. Pyrtle, RN