

The Art of Hair Diagnosis!



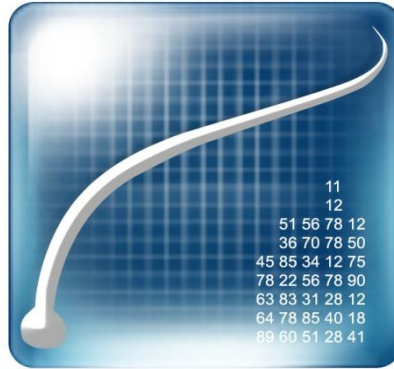
Professional hair and scalp diagnostic software
TrichoSciencePro[®]

www.TrichoSciencePro.com



Professional hair and scalp diagnostic software

TrichoSciencePro[©]



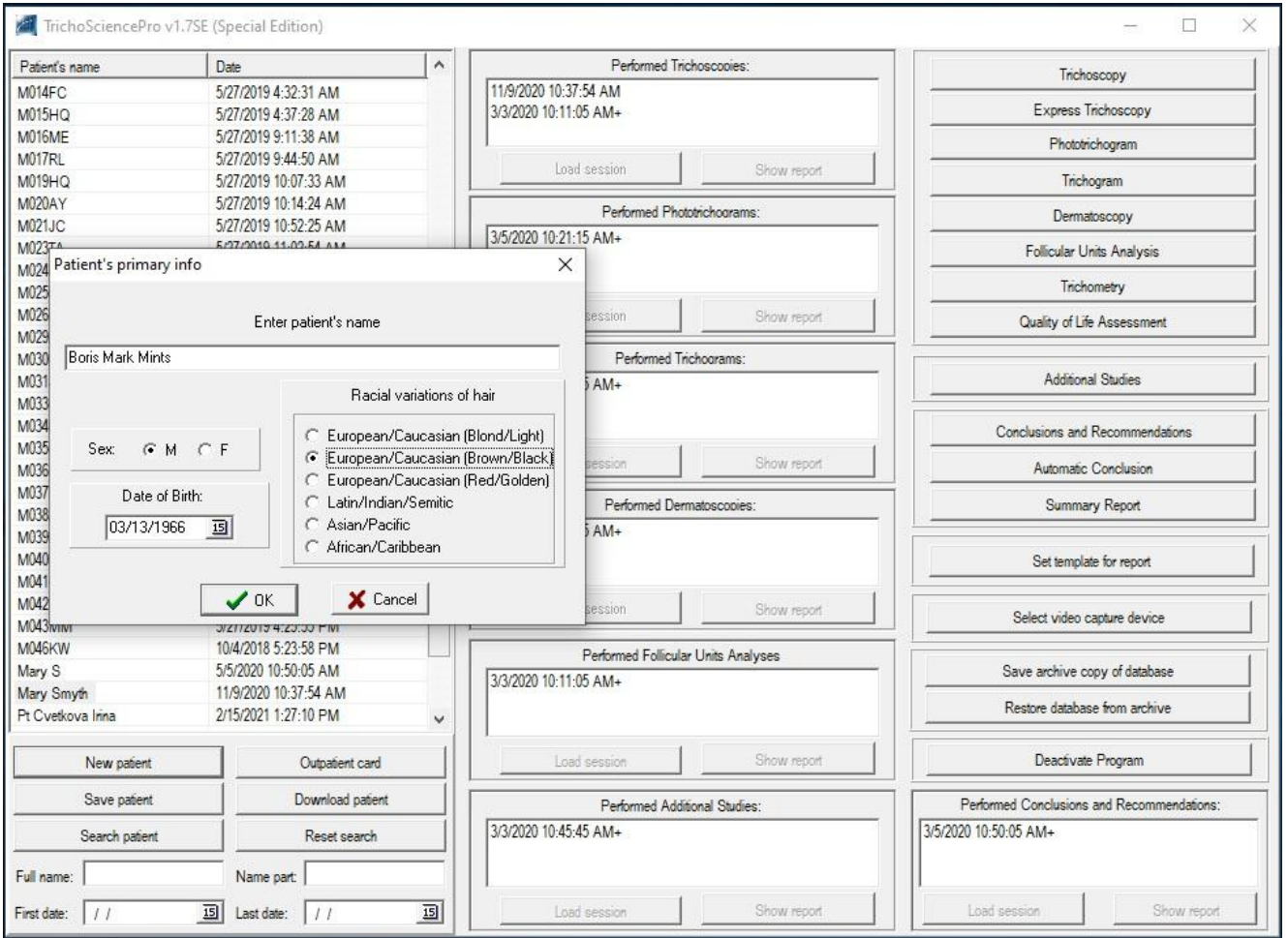
TrichoSciencePro[©]

Professional hair and scalp diagnostic software

PRESENTATION

The latest program version of TrichoSciencePro[©] in version 1.7 was released in August of 2020 and has numerous important updates and additions in comparison to earlier Program versions. The program incorporates some of the most relevant diagnostic and analytic studies in Trichology accumulated thus far. It also meets rapidly increasing demands for a single software source to perform and manage all typical clinical and non-clinical practice-associated activities for hair specialists of various professionals fields. This Program allows to run complete Trichoscopy, Phototrichogram, Trichogram, Dermatoscopy, Follicular Units Analysis and Global Photographs diagnostic studies. In addition, it allows to evaluate scalp pigmented lesions, run fully automatic measurements and calculations, use specialty hair calculators, view previously held sessions, build analytic diagnostic session reports, get automatic conclusions and summaries, manage patient sessions, outpatient cards, scheduling , databases and much more.

TRIOLOGIC



The program has convenient and user friendly interface. Program Manager module allows easy access to all program features. It enables to perform and control all new and previously held diagnostic sessions, manage patient's databases and much more.



Outpatient card \ Patient: Mary Smyth \ Start session: 3/5/2020

Outpatient card | Journal (course of disease, prescriptions, analysis)

Date of visit: 3/ 5/2020

Patient's name: Mary Smyth

Address:

Telephone:

Email:

Age: 34 m. cm. kg. BMI: 17.5

Sex: Female Height: 5 ft. 5 in. Weight: 105 lbs.

Racial variation of hairs: European/Caucasian (Brown/Black)

Occupation or professional environment: Teacher

Referral from: Physician

Complaints:

Hair loss, dandruff, scalp sensitivity

Questionnaire

Hairs and scalp condition:

Onset of hairs loss: 5 months

Intensity of hairs loss: None Moderate or slightly-expressed Strongly-expressed

Duration of hairloss: Less than 6 months Over 6 months
 Over 6 months with periods of hairs improvement and volume restoration

Hairs thinning: No Yes Frontal-parietal area is more affected Diffuse


Female Pattern Baldness:

Ludwig Scale, type: I-1 I-2 I-3 I-4 II-1 II-2 III Advanced Frontal

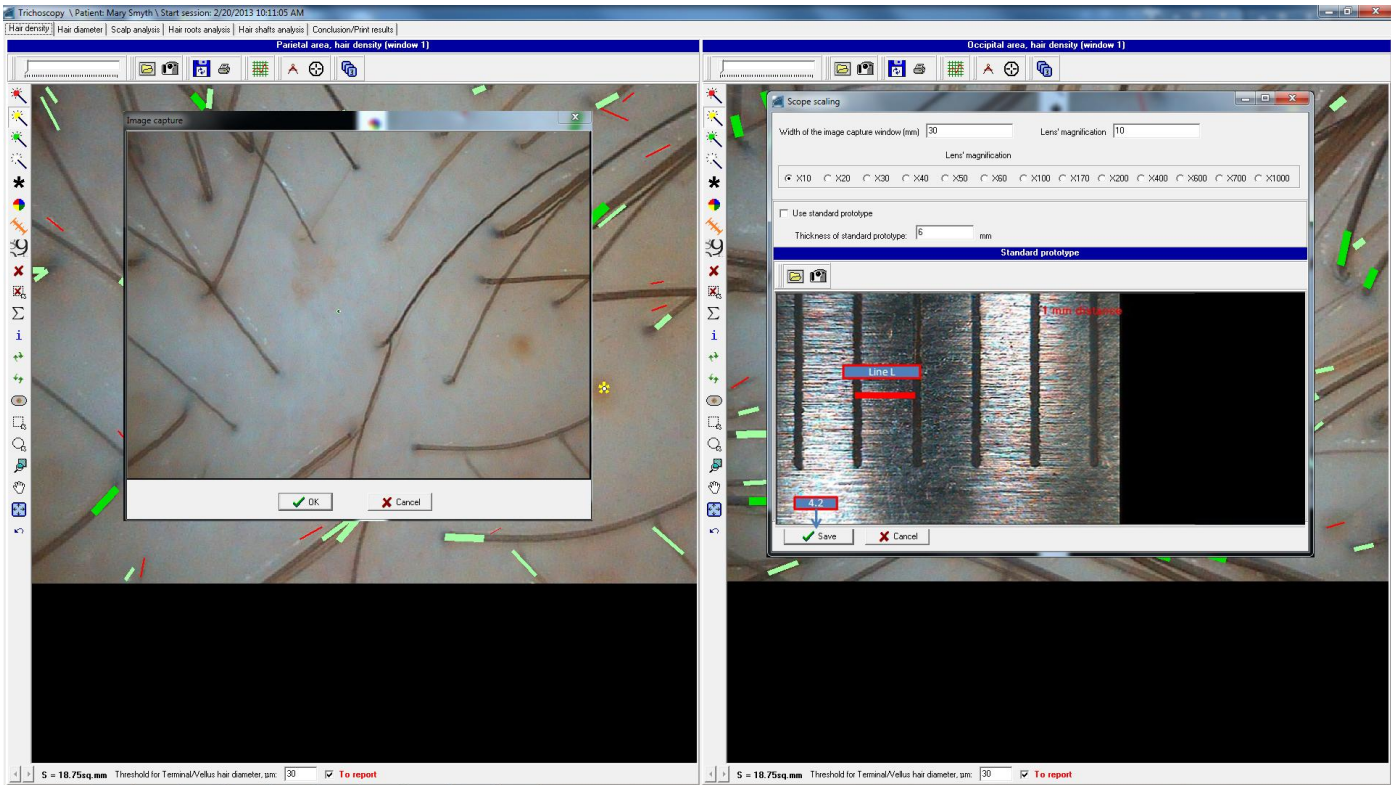
Ludwig Scale, class: 1 2 3

Ebling-Rook Scale, type: I II III IV V Heredity factor in first degree relatives: Yes No

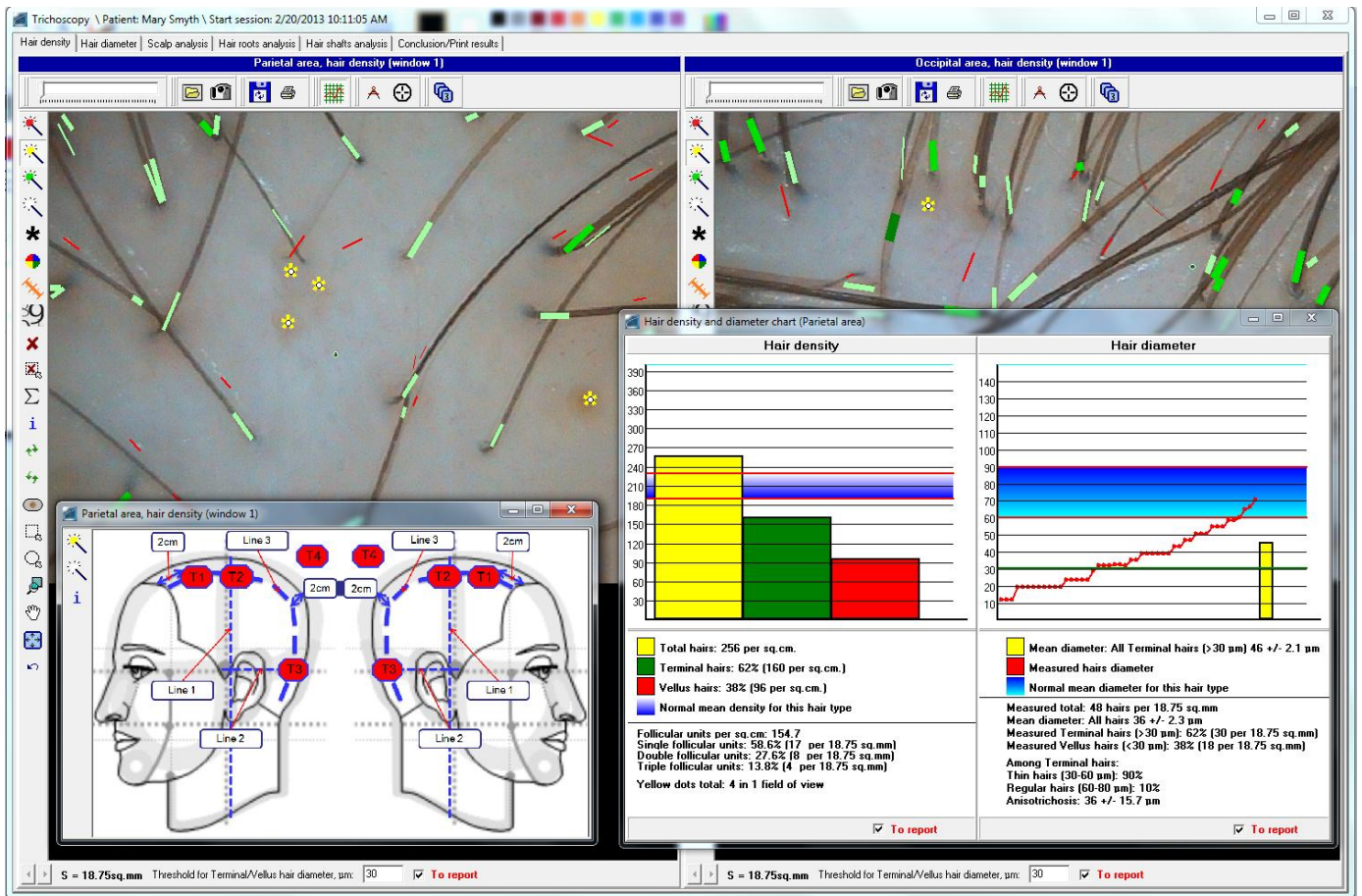
Save Cancel Print To report Additional files Additional information



The “Outpatient card” for new patients entry is built to include a comprehensive list of features that should be considered in management of patients with hair and scalp diseases or disorders. The accuracy and extent of information supplied in the “Outpatient card”, especially its “Questionnaire” section, affects objectivity of the “Automatic Conclusion” module.



The “Trichoscopy” module allows to estimate density and diameters of hairs in different zones of the scalp, as well as to access their distribution in the follicular units. Any values obtained can be compared to mean values All measured and calculated data to mean values based on patients racial hair variations. Measurements can be carried out in a semi-automatic or manual modes. There are also scalp, hair roots and shafts studies and analyses included.



The “Hair Density” section of “Trichoscopy” module allows for semiautomatic and manual hair density measurements simultaneously with hairs diameters estimates, as well as to access their distribution in the follicular units. Other functions include “Perifollicular sign” mark ups and counts (“Pointed hair”, “Exclamation mark hair”, “Broken hair”, “Cadaverized hair”, “Yellow dots”, “Red dots” and “White dots”). “Hair length” function allows to perform linear length measurements of any growing hair within the site of view. “Point localization” function allows to mark up specific measurement points on the scalp diagram, where the hair counts have been performed. All collected information is being represented on charts in form of graphs and data, both obtained from measurements and calculations. This information is also being compared to mean values based on patients racial hair variations.



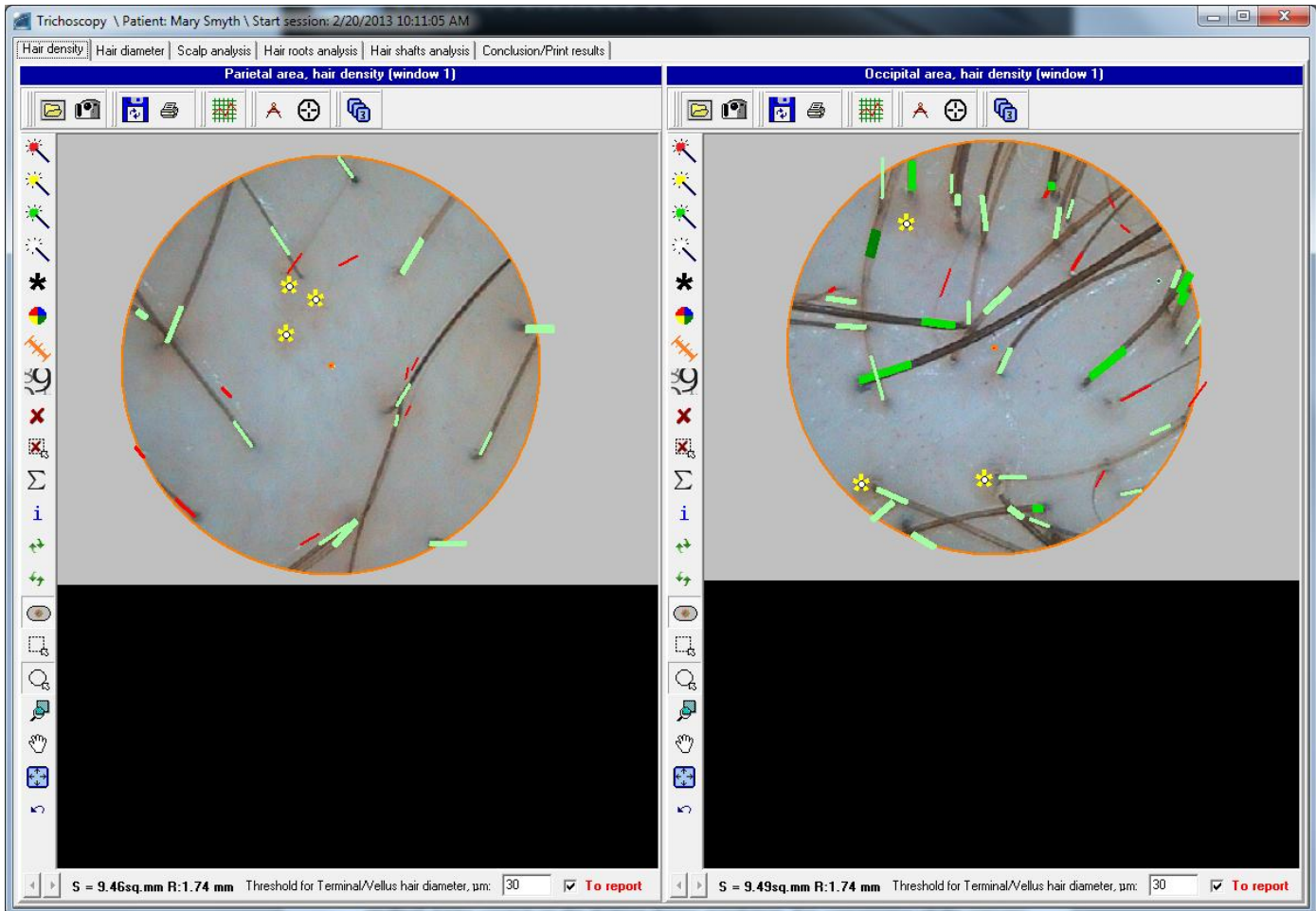
In addition to hair density and diameters evaluation, the severity of Anisotrichosis (or Polymorphism, that reflects the degree of deviation of hair diameters from norm), which is an important parameter that assesses progressive hair thinning, is taken into consideration along with percentages of Vellus hair less than 30 microns in diameter. This allows for a more comprehensive evaluation of the severity of ongoing pattern alopecia processes. In these cases it is also important that hair assessments are not limited to diameter estimates only, but include classification by type (i.e. thin, medium, and thick hair) along with calculations of the percentages for each of those types of hair. The resulting data is useful for assessing the current hair condition, as well as for the dynamic observation of patients during treatment or scientific studies. In each field of view, it is recommended to account for presence of various Perifollicular signs, such as "yellow dots" (reflect delays of new hair growth phases), "white dots" (reflect the presence of follicle fibrosis, typical for scarring forms of alopecia), "spiky hair" (reflect the intensity of hair loss), "red dots" (reflect vascular changes, typical for Psoriasis, Discoid Lupus), hair in the form of an "exclamation mark" and "black dots" (characteristic of Alopecia Areata). Below are sample images contrasting Female Pattern Hair Loss (FPHL) and stable condition:

Signs of FPHL progression. Single units.
Yellow dots. Anisotrichosis.

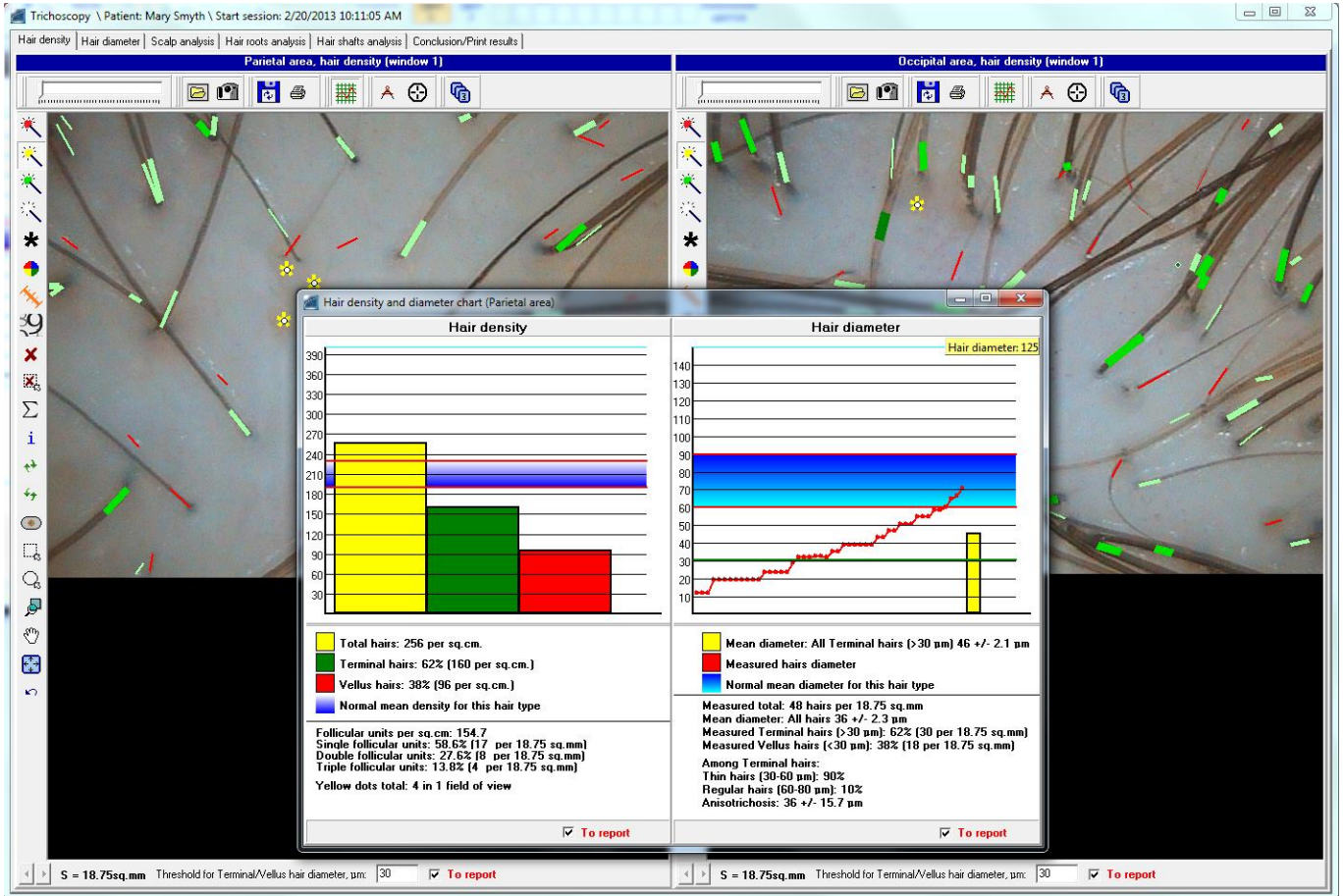


No signs of FPHL. Stable condition.

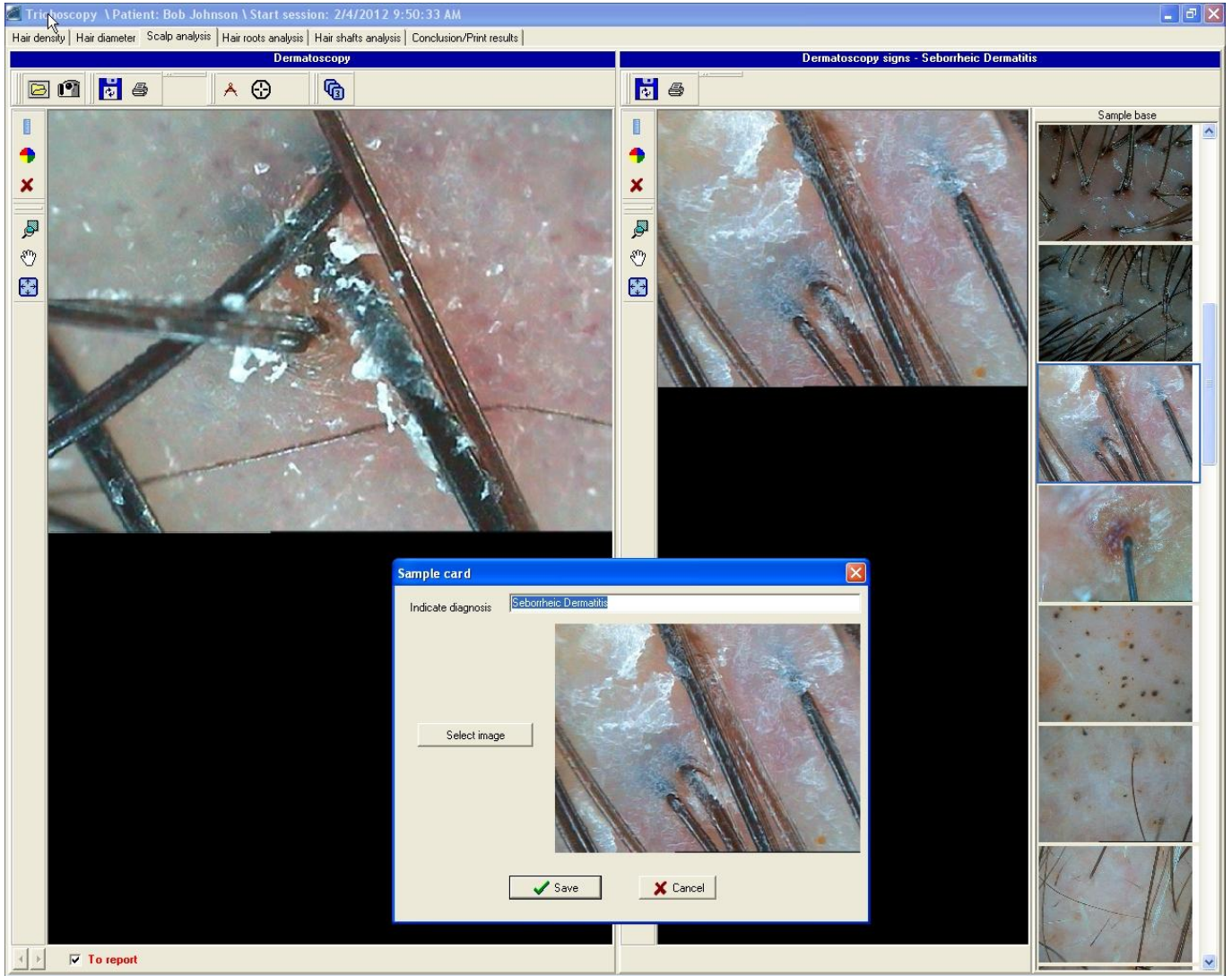




Trichoscopic assessment can be conducted in the circular fields of view, established per preset size. This is an important tool to be used in clinical trials or scientific researches, since this function allows to synchronize symmetric sites for evaluation, regardless of the angle used to obtain the images of study sites.



Hair diameter measurements and subsequent evaluation can be carried out under higher magnification, thus allowing for greater accuracy while obtaining data.

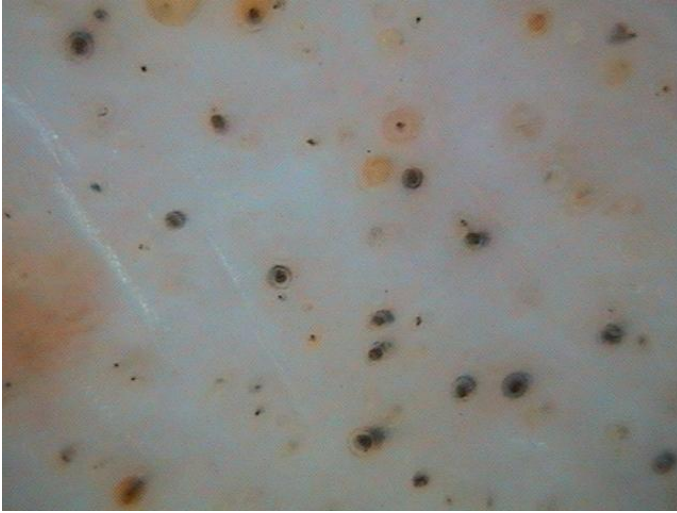


No less important is the proper assessment of the scalp condition. Detectable changes in the Perifollicular zone should be considered when selecting treatment for patients with alopecia or dermatosis signs.

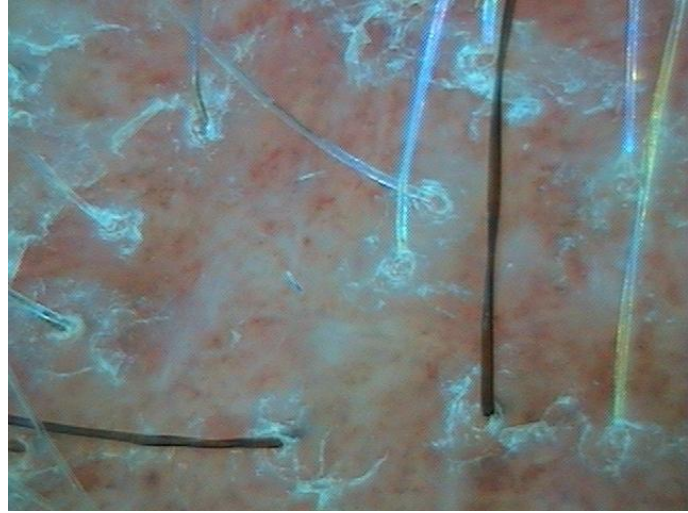


Below are the sample images showing in detail some alopecia and dermatoses signs :

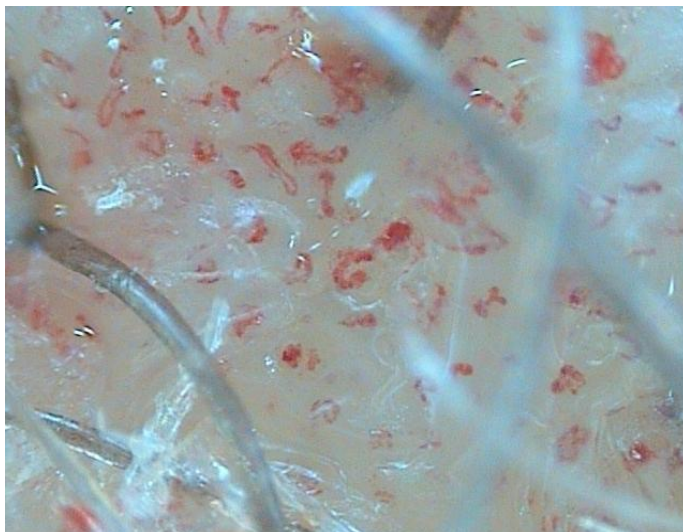
“Black dots” and “yellow dots” typical for Alopecia Areata

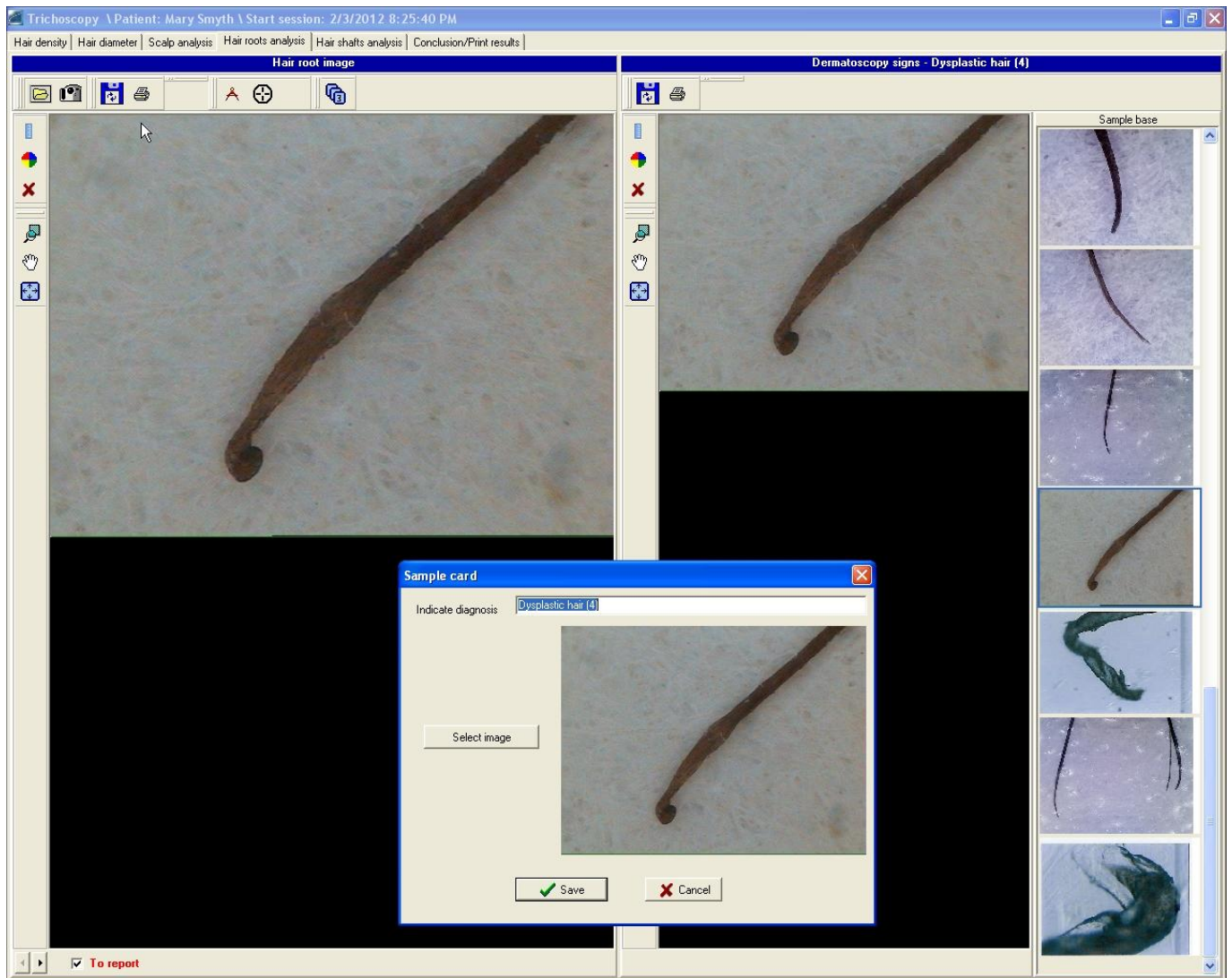


“White” dots typical for Lichen Planopilaris

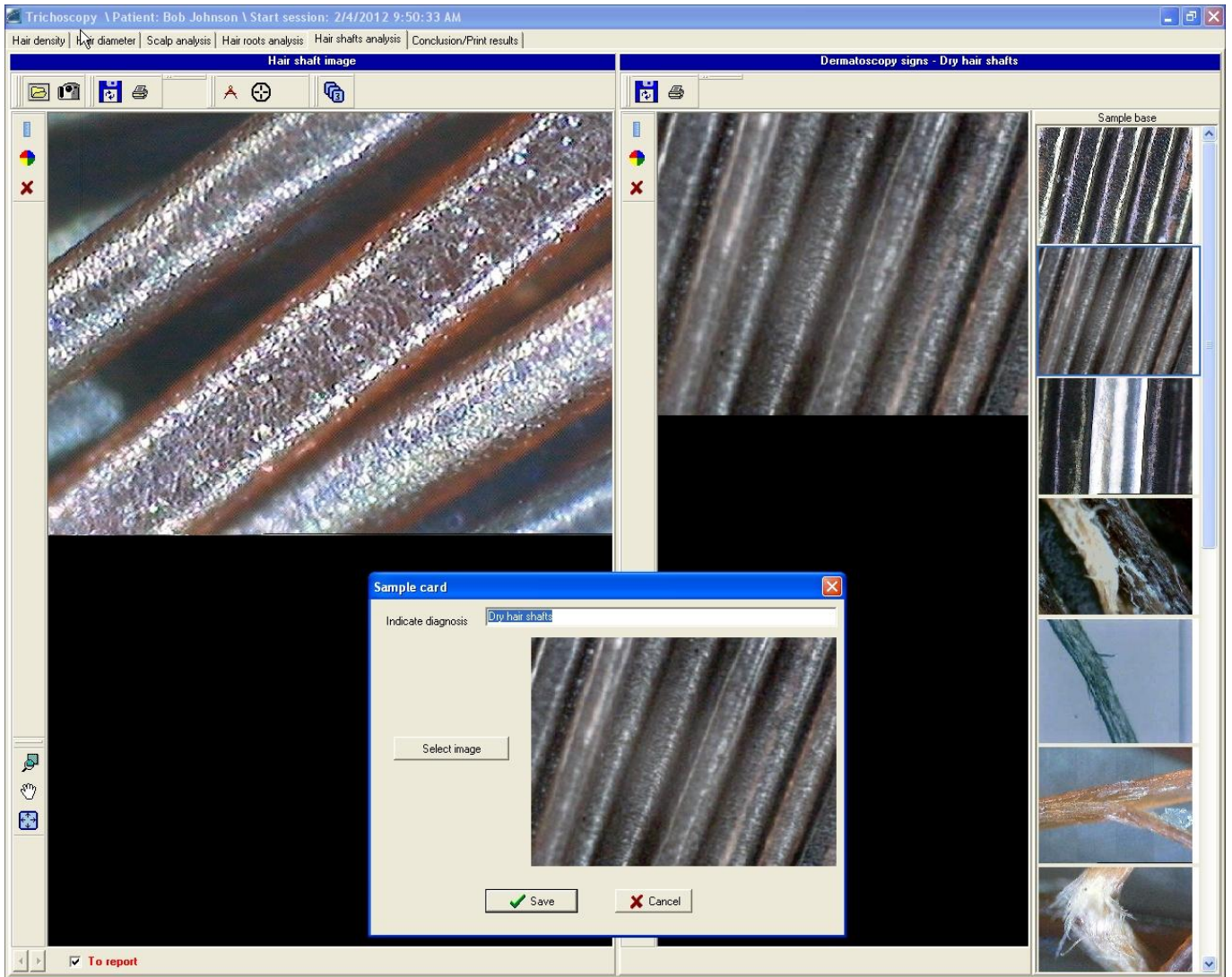


“Red globular rings” typical for Psoriasis

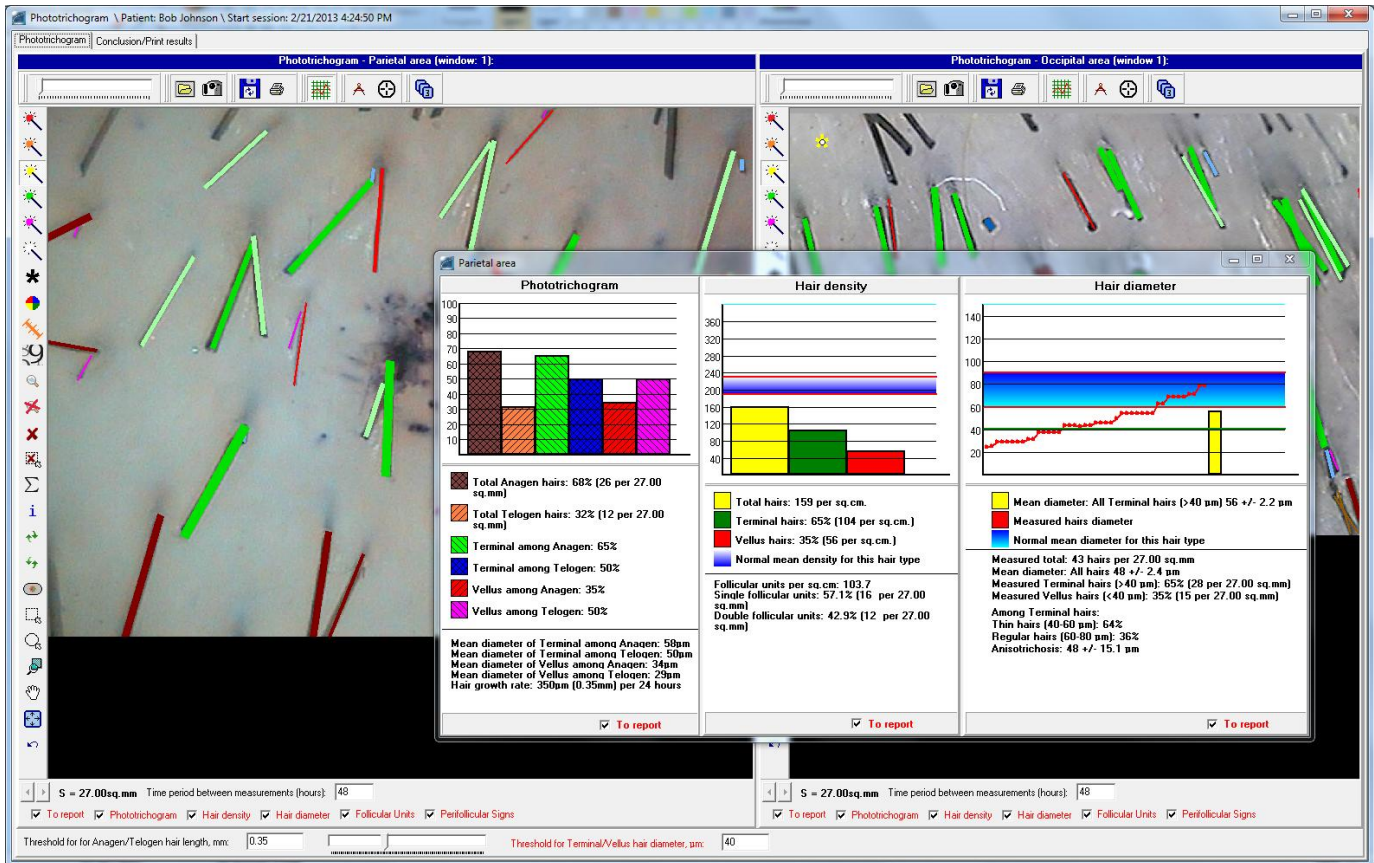




The proper microscopic evaluation of the extracted hair roots allows to quickly and accurately differentiate Anagen Alopecia from Telogen Alopecia. For example, presence of more than 80% of dystrophic hair roots in Anagen phase is the characteristic of Anagen Alopecia, which is associated with influence of toxic factors or autoimmune reactions. Dystrophic hairs have shattered bulb, conically narrowing shaft and no root sheath. In dysplastic hairs root bulb is deformed, reduced in diameter, root sheath is completely or partially absent. Dysplastic and dystrophic hairs are typically the signs of Alopecia Areata, however may also be present in hair loss induced by factors that affect hair follicle state at dermal papilla, such as effects of chemo- or radiation therapy, poisoning by salts of heavy metals, due to anticoagulant or interferon medication therapy, etc.



Microscopy of hair shafts allows to reveal various defects of hair keratinization that are hereditary in nature, as well as hair structural damages associated with improper care due to cumulative effects of physical, chemical and mechanical actions.



Currently, the Phototrichogram study is widely recognized and prevalent in clinical Trichology practice due to its high precision and affordability. For example, this methodology allows to distinguish subclinical forms of Female Pattern Hair Loss alopecia (FPHL) at early stages of disease, conduct differential diagnosis between androgenetic alopecia (AGA) and diffuse Chronic Telogen Effluvium alopecia (CTE), evaluate efficiency of alopecia dynamic treatment regimes, etc. The program calculates total number of hairs per square centimeter of skin, quantities and percentage of thick, regular and thin hairs, Terminal or Vellus hairs and Anagen or Telogen hairs among them. One of the most important diagnostic features is the predominance of Vellus hair in Telogen phase. The Phototrichogram study also allows to determine the average rate of hair growth.



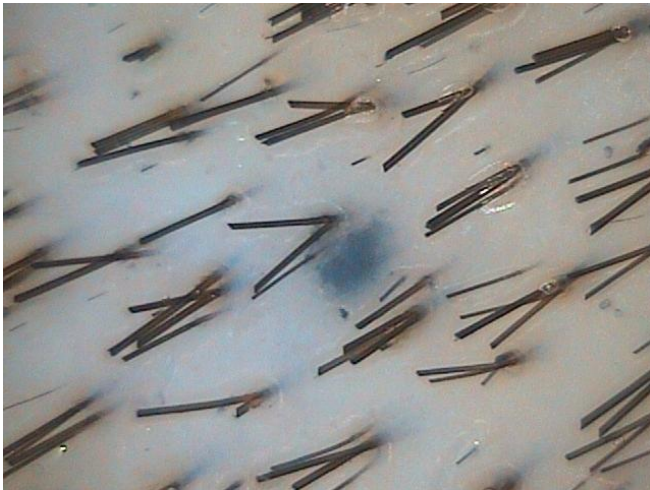
The following significant features distinguish AGA from CTE in women in the early stages of hair loss development:

- In the early stages of AGA, despite the reduction in hair density in the Parietal area, the total quantity of hairs within the Parietal area remains higher than in the Occipital area. The average diameter of hairs in the Parietal area is also reduced, but there are no significant changes in diameters of the hairs in the Occipital area;
- With the AGA development, percentage of Vellus-like hairs averages to 20 +/-3.9%, while it averages 12+/- 1.5% in the control group. With appearance of the “yellow dots”, indicating presence of empty follicles, the calculation of percentage of Vellus-like hair is considered impractical, as their quantity begins to decline;
- A pronounced condition of the Anisotrichosis is clearly applicable. When calculating the coefficient of the Anisotrichosis in the early stages of AGA, this value is greater than 12;
- There is an increase in the quantity of fine hairs (30-40 microns in diameter) in the Parietal area, as compared to the Occipital area;
- There is a reduction in the quantity of thick hairs (over 70 microns in diameter) in the Parietal area, as compared to the Occipital area;
- An increased percentage of single follicular units (up to 30%) in the Parietal area, as compared to the Occipital area;
- A significant increase in the percentage of Telogen hairs in the Parietal area, as compared to the Occipital area;
- Out of the total quantity of Telogen hairs more than 50% are Vellus-like hairs. It shall be noted that in the later stages of AGA the proportion of Vellus-like hairs in Telogen phase may decrease as empty follicles in form of “yellow dots” start to replace thinning hairs;
- Appearance of the "spiky hairs" indicates the intensity of hair loss, but does not reflect progressive hair thinning. The progressive thinning of hair is best reflected by the Anisotrichosis value and the proportion of Vellus-like hairs in Telogen phase.



Below are sample images of the Phototrichogram studies with tattoo application, showing the detectable contrast between “FPHL” and “CTE”, as well as evaluation of the effectiveness of “AGA” treatment in dynamics.

Progressing “FHPL”. Hairs in the Telogen phase are significantly thinner compared to hairs in the Anagen phase.



Progressing “CTE”. Telogen hair diameters do not differ from Anagen hair diameters.



Evaluation of efficiency of a non-specific dynamic treatment regime of “AGA” .



Before treatment



After four months of treatment



Trichogram \ Patient: Mary Smyth \ Start session: 04.02.2012 9:04:27

Trichogram | Conclusion/Print results

Parietal area (window - 1):

To report

Occipital area (window 1):

To report

Sample database

Trichogram table

Epilated hair type	Parietal area			Occipital area		
	Absolute amount	%	Norm	Absolute amount	%	Norm
Anagen	9	38	Total Anagen To 95%	4	27	Total Anagen To 95%
Displastic Anagen	5	21		5	33	
Broken Anagen	1	4		1	7	
Anagen with papilla	0	0	0%	0	0	0%
Telogen	9	38	To 18%	5	33	To 18%
Catagen	0	0	To 3%	0	0	To 3%
Dystrophic	0	0	To 4%	0	0	To 4%
Sum	24			15		

Close

Sample card

Sample title: Trichogram 1

Select image

Save Cancel

The Trichogram study is a semi-invasive method used to evaluate the roots of extracted hairs. The hair roots are examined in order to determine and calculate percentages of hairs in each of three phases of the hair growth cycle (Anagen, Catagen, or Telogen). Anagen hairs usually have living cells on the root end and often a sheath of living cells around the lower hair fiber. Telogen hairs have a club end, they do not have any living cells attached to the root. Catagen hairs are more difficult to differentiate, but usually these hairs have a tapered end to the root. Extracted Anagen and Telogen hairs may sometimes be difficult to distinguish based on their microscopic appearance. Extracted hairs thickness can be measured to find out whether they are Terminal or Vellus hairs in order to determine association with pattern or chronic diffuse hair loss forms. After counting process completion all results are being recorded and evaluated in the “Trichogram table”. There is a sample image database of hair roots included.



Dermatoscopy \ Patient: Mary Smyth \ Start session: 2/4/2012 9:12:39 AM

General Dermatoscopy | Pigmented lesions | Conclusion/Print results

Pigmented lesions

Pigmented lesions - Nevus Jadassohn

Sample database

Measured length: 9.42 mm

Sample card

Indicate diagnosis

Select image

Save Cancel

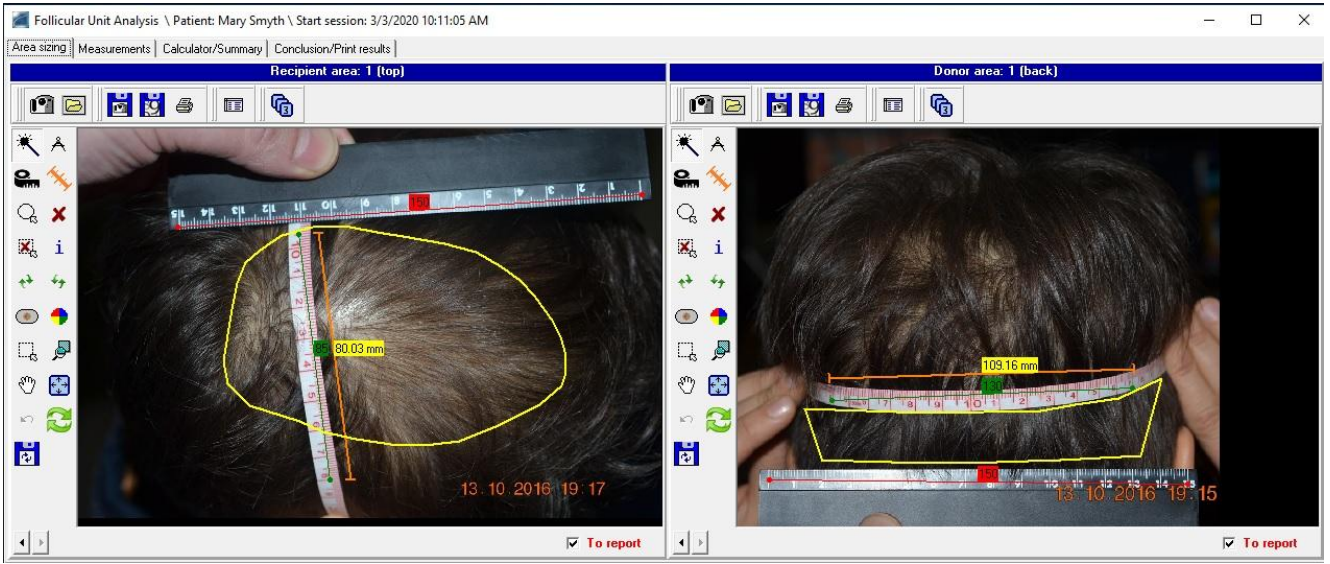
S = 1871.91sq.mm R:24.41 mm To report

Algorithm for melanoma and other tumor estimation by Argenziano

Criteria	Features	Points	Mark if applicable
Evolution of tumors			
Atypical pigment grid	By color, wall thickness and cell size	2	<input type="checkbox"/>
A shroud or blue-white veil	Distinguish from dermatoscopic signs of pigment regression in skin lesion. Morphological substrate of a shroud or blue-white veil is represented by foci of acanthosis and hypergranulosis over the clusters of melanocytes in dermis.	2	<input type="checkbox"/>
Atypical vessels	Atypical convoluted linear and dotted vessels	2	<input type="checkbox"/>
Small criteria			
Atypical stripes	By color, shape and location	1	<input type="checkbox"/>
Dots/granules, unevenly distributed	By color and size	1	<input type="checkbox"/>
Blots (ink stains)	Assymetric and atypical by color	1	<input type="checkbox"/>
Dermatoscopic signs of pigment regression in skin lesion	Scar-like patches of depigmentation and dots, often described as "pepper-like" in pattern	1	<input type="checkbox"/>
Results			

Evaluation of results Close To report

The “Dermatoscopy” module allows to conduct general study and carry out pigmented lesion identification, measurement and determination of their boundaries symmetry. The data obtained can be evaluated based on well-known “ABC”, “ABCD”, “Argenziano” algorithms. There is a dermatoscopic sample image database included.



The “Follicular Units Analysis” module is specifically developed to aid hair transplant surgeons in counting available follicular units and hairs, calculating densities and diameters, recipient and donor scalp surface areas with a correction to an applicable scalp curvature, numbers of grafts, available and in need to achieve desired treatment results, etc. This module can be used both for initial consultation and prior to an actual procedure stages. Each standard “Follicular unit analysis” diagnostic session is composed of “Area sizing”, “Measurements”, “Summary/Calculator” sections, followed by final “Conclusion/Print results” step. First section “Area sizing” is devoted for sizing patient's areas of interest global pictures, both for Recipient and Donor areas. Second module section “Measurements” is devoted for taking magnified images within each established zone of Recipient and Donor areas of a patient in order to count available hairs and follicular units, thus, determining their densities, as well as measure hair diameters, establish their distribution per follicular units and distances between them, thus, determining their mean values. Third module section “Calculator/Summary” is devoted to gather all measurements results and calculate for numbers of grafts, available and in need to achieve desired treatment results. Data for hair and follicular unit densities, including separating into single, double, triple and quadruple units, is being presented in counts per one sq.cm and recalculated for a total count per established each Recipient and Donor area size.



Trichometry \ Patient: Mary Smyth

Phototrichogram - 3/5/2020 10:21:15 AM+

Terminal hairs density in Parietal area, per sq.cm: total (%)	105	(67)
Vellus-like hairs density in Parietal area, per sq.cm: total (%)	51	(33)
Terminal hairs density in Occipital area, per sq.cm: total (%)	185	(79)
Vellus-like hairs density in Occipital area, per sq.cm: total (%)	50	(21)
Total Telogen hairs in Parietal Area, per sq.cm: % (total)	16	(21)
Total Anagen hairs in Parietal Area, per sq.cm: % (total)	84	(108)
Vellus-like among Telogen in Parietal Area, per sq.cm: % (total)	67	(14)
Total Telogen hairs in Occipital Area, per sq.cm: % (total)	26	(54)
Total Anagen hairs in Occipital Area, per sq.cm: % (total)	74	(155)
Vellus-like among Telogen in Occipital Area, per sq.cm: % (total)	50	(27)

Sex: M F Age: 34

Racial: European/Caucasian (Brown/Black)

Trichometry (hair wash test)

Trichometry (growing hair test)

Total mean quantity of scalp hairs (racial/sex/age norms):	90000 - 100000
Total actual quantity of scalp hairs:	101700 +/-10200
Total actual quantity of Terminal hairs:	76500 +/-7700
Total actual quantity of Vellus-like hairs:	25200 +/-2500
Mean hair diameter, um (racial/sex/age norms):	75 - 90
Actual average Terminal hairs diameter in Parietal area, um	65 +/- 3.1
Actual average Terminal hairs diameter in Occipital area, um	68 +/- 2.0
Anisotrichosis in Parietal area, % (um)	41 (65 +/- 16.9)
Anisotrichosis in Occipital area, % (um)	29 (68 +/- 14.5)
Mean hair growth rate, mm/24 hrs. (racial/sex/age norms):	0.37 - 0.42
Actual hair growth rate of Terminal hairs in Parietal area, mm/24 hrs.:	0.38
Actual hair growth rate of Terminal hairs in Occipital area, mm/24 hrs.:	0.31
Mean total daily rate of hair shedding (racial/sex/age norms):	90-100
Expected average quantity of hairs shed per 24 hrs:	130
Expected average quantity of Terminal hairs shed per 24 hrs:	40
Expected average quantity of Vellus-like hairs shed per 24 hrs:	90
Actual total quantity of hairs shed per 24 hrs:	202
Actual total quantity of Terminal hairs shed per 24 hrs:	94
Actual total quantity of Vellus-like hairs shed per 24 hrs:	108

Print report Conclusion/Print results Close To report

Trichometry (hair wash test) \ Patient: Mary Smyth

Date of hair sampling: 5/ 5/2020

Current mean hair length, cm: 40
(If less than 4 cm length, test is not usable)

Fill in "Quantity of hairs" column value:

Thickness and length of hairs	Quantity of hairs	Percentage of hairs
Thin under 3 cm:	25	26
Thin over 3 cm:	13	
Terminal under 3 cm:	7	74
Terminal over 3 cm:	99	
Total hairs shed:	144	100

Evaluation of results Print report Conclusion/Print results Close To report

Trichometry (growing hair test) \ Patient: Mary Smyth

Date of hair sampling: 3/ 3/2020

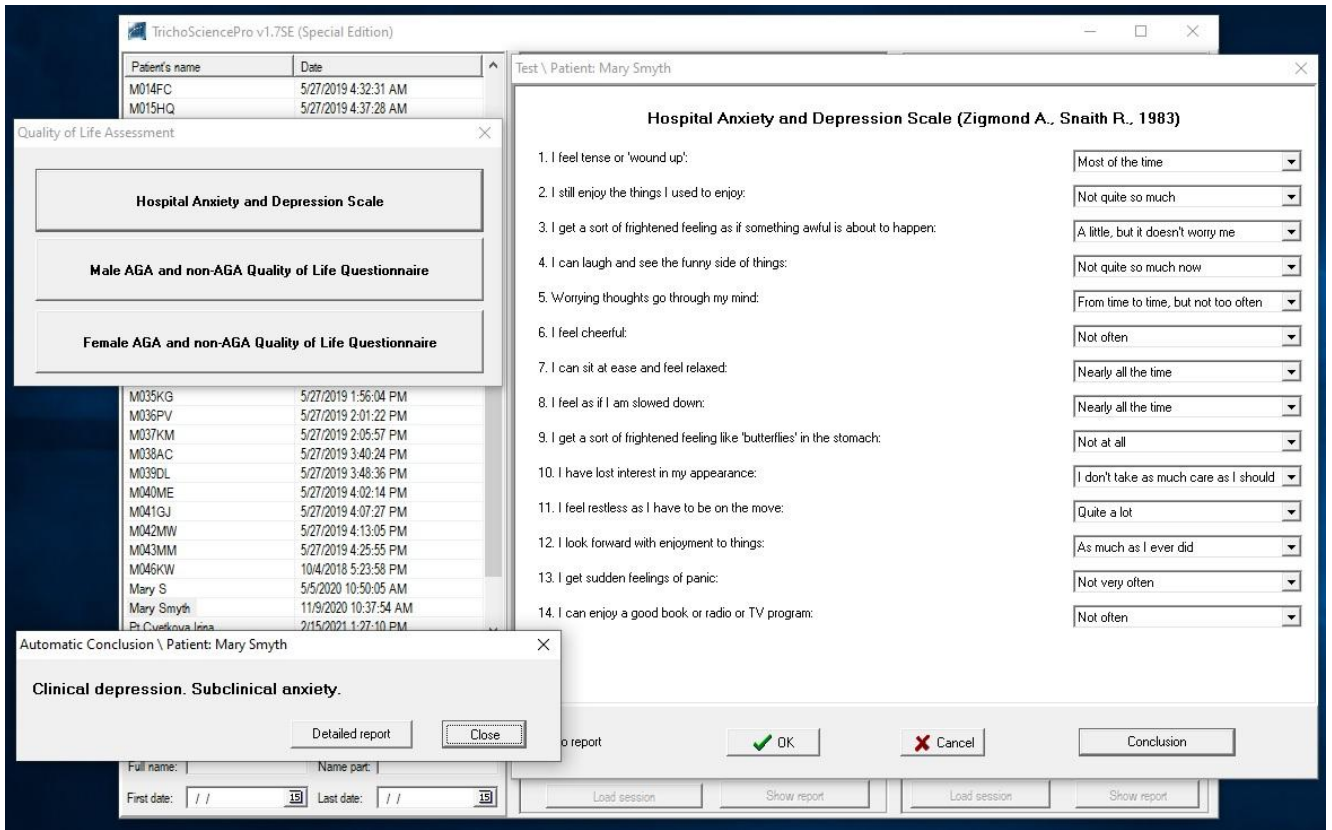
Current mean hair length, cm: 40
(If less than 7 cm length, test is not usable)

Fill in "Quantity of hairs" column value:

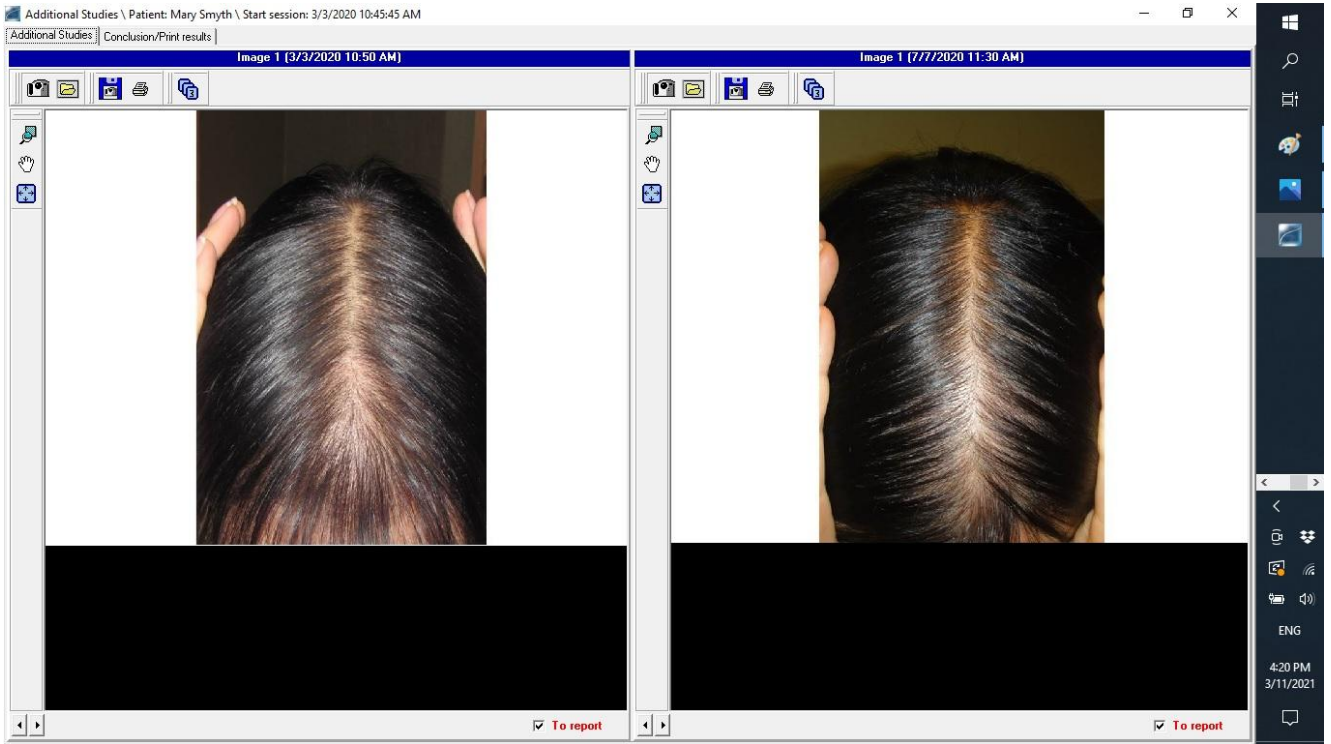
Thickness and length of hairs	Quantity of hairs in Parietal area	Percentage of monthly of hair loss in Parietal area	Quantity of hairs in Occipital area	Percentage of hair loss in Occipital area
Terminal 1 to 2 cm:	13	16 (from 1 to 2 months ago)	24	24 (from 1 to 2 months ago)
Terminal 2 to 3 cm:	14	17 (from 2 to 3 months ago)	17	17 (from 2 to 3 months ago)
Terminal 3 to 4 cm:	12	15 (from 3 to 4 months ago)	14	14 (from 3 to 4 months ago)
Terminal 4 to 5 cm:	6	7 (from 4 to 5 months ago)	5	5 (from 4 to 5 months ago)
Terminal 5 to 6 cm:	7	9 (from 5 to 6 months ago)	6	6 (from 5 to 6 months ago)
Terminal over 6 cm:	29	36 (over half a year ago)	33	33 (over half a year ago)
Total Terminal hairs in sample:	81	84	99	81
Total Thin hairs in sample:	15	16	23	19
Total hairs in sample:	96	100	122	100

Evaluation of results Print report Conclusion/Print results Close To report

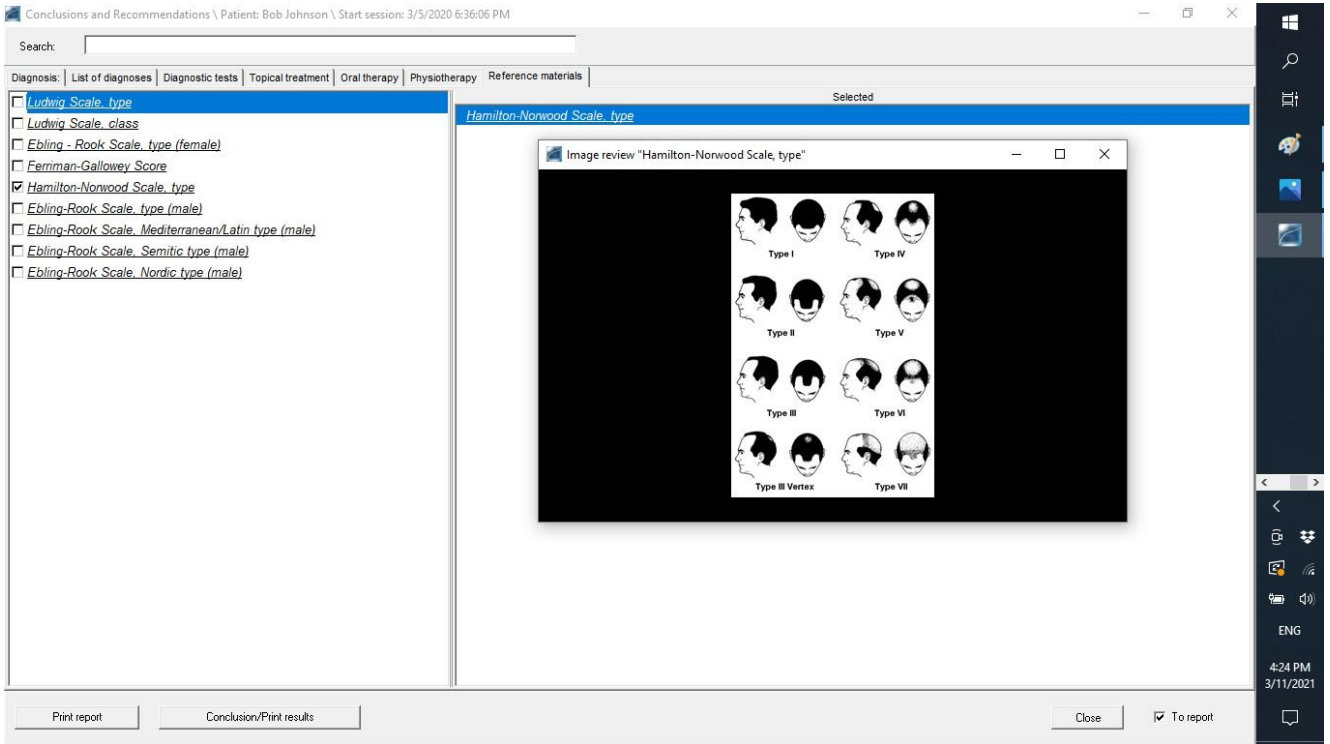
The “Trichometry” module allows to calculate total quantity of scalp hairs, hair growth and hair loss rates, as well as to compare this data to average values based on patient’s sex, age and racial hair variations, and much more. The module functions are set in automatic mode by default. The data is obtained from corresponding “Trichoscopy” and “Phototrichogram” sessions, as well as from the “Outpatient card”. All the data that was obtained for calculations automatically may be modified or corrected at anytime by typing in new information. Furthermore, included are two additional hair calculators, representing “Trichometry” functions, based on modified hair wash test and growing hair test results.



The “Quality of Life Assessment” module is a useful tool for rapid assessment of patients emotional background . It includes “Hospital Anxiety and Depression Scale”, “Male AGA and non-AGA Quality of Life Questionnaire” and “Female AGA and non-AGA Quality of Life Questionnaire”. Assessment conclusions are generated automatically when all multiple-choice questions are being answered by a patient.



While the “Additional Studies” module is intended to be used primarily for “Global photographs” study assessment for evaluation of treatment results and progress, any other diagnostic images, for example, any specific scalp area changes, etc., may be uploaded, compared and stored in a patient’s file.



The “Conclusions and Recommendations” module is intended to record patient’s diagnostic conclusions, results and applicable notes. It also offers extended listings of common diagnoses and additional diagnostic tests, frequently used topical, oral and physical therapy products and practices, as well as reference materials.



Automatic Conclusion \ Patient: Mary Smyth

Criteria for differential diagnosis between AGA and CTE

Criteria	AGA	CTE
Clinical history		
Hairs and scalp condition:		
Intensity of hairs loss:		Strongly-expressed
Duration of hairloss:		Less than 6 months
Hairs thinning:	Diffuse	
Ludwig Scale, type:	I-1	
Ludwig Scale, class:	1	
Heredity factor in first degree relatives:		No
Scalp condition:	Combination	
Dandruff:	Moderate	
Seborrheic dermatitis:	Areas of redness	
Data from objective studies		
Terminal hairs count in Parietal area	Less than 180 for sq.cm.	Over 180 for sq.cm.
Average Terminal hairs diameter	In Parietal area is less than in Occipital	In Parietal area is more than in Occipital
Percent of Vellus-like and True Vellus hairs in Parietal area	More than 20%	Less than 20%
Anisotrichosis in Parietal area	Over 20% for Parietal area	Less than 20% for Parietal area
Predominance of single follicular units	>65%	40-60%
Presence of Thin, Medium and Thick Terminal hairs in Parietal area	Presence of all types	Presence of 2 types out of 3
Yellow dots (in Parietal area)	>10%	<10%
Brown dots (in Parietal area)	>20%	<20%
Upright regrowing hairs (in Parietal area)		>5%
Percent of Telogen hairs in Parietal and Occipital areas	Over 15% of Telogen hairs. More in Parietal area vs Occipital	Over 15% of Telogen hairs. More (or equal) in Occipital area
Proportion of Vellus-like among Telogen hairs in Parietal area	>30%	<30%
Lab data / Blood tests:		

Print report

Conclusion/Print results

Close

To report

The “Automatic Conclusion” function is implemented to differentiate between most common “AGA” and “CTE” diagnoses. Calculations are based on “Trichoscopy”, “Phototrichogram”, “Trichogram” session summaries and “Outpatient card” data. This information gets processed in a specialized table, which assigns and counts specific points. Total results obtained in this table indicate activity of each of these processes. Since signs of “AGA” and “CTE” often overlap, leading frequently to diagnostic difficulties, this function helps with more proper preventive diagnosis establishment.



TrichoSciencePro v1.7SE (Special Edition)

Patient's name	Date
M014FC	5/27/2019 4:32:31 AM
M015HQ	5/27/2019 4:37:28 AM
M016ME	5/27/2019 9:11:38 AM
M017RL	5/27/2019 9:44:50 AM
M019HQ	5/27/2019 10:07:33 AM
M020AY	5/27/2019 10:11:05 AM
M021JC	5/27/2019 10:50:05 AM
M023TA	5/27/2019 11:03:05 AM
M024DW	5/27/2019 11:33:05 AM
M025DD	5/27/2019 11:44:05 AM
M026LF	5/27/2019 12:54:05 PM
M029AY	5/27/2019 1:07:05 PM
M030EL	5/27/2019 1:13:05 PM
M031JN	5/27/2019 1:31:05 PM
M033GC	5/27/2019 1:44:05 PM
M034DS	5/27/2019 1:50:05 PM
M035KG	5/27/2019 1:56:05 PM
M036PV	5/27/2019 2:01:05 PM
M037KM	5/27/2019 2:05:05 PM
M038AC	5/27/2019 3:40:05 PM
M039DL	5/27/2019 3:48:05 PM
M040ME	5/27/2019 4:02:05 PM
M041GJ	5/27/2019 4:07:05 PM
M042MW	5/27/2019 4:13:05 PM
M043MM	5/27/2019 4:25:05 PM
M046KW	10/4/2018 5:23:05 PM
Mary S	5/5/2020 10:50:05 AM
Mary Smyth	11/9/2020 10:37:54 AM
Pt Cvetkova Irina	2/15/2021 1:27:05 PM

Performed Trichoscopies:

- 11/9/2020 10:37:54 AM
- 3/3/2020 10:11:05 AM+

Load session Show report

Trichoscopy

Express Trichoscopy

Phototrichogram

Trichogram

Dermatoscopy

Follicular Units Analysis

Trichometry

Quality of Life Assessment

Additional Studies

Conclusions and Recommendations

Automatic Conclusion

Summary Report

Set template for report

Select video capture device

Archive copy of database

Restore database from archive

Deactivate Program

Performed Additional Studies:

- 3/3/2020 10:45:45 AM+

Load session Show report

Performed Conclusions and Recommendations:

- 3/5/2020 10:50:05 AM+

Load session Show report

New patient Outpatient card

Save patient Download patient

Search patient Reset search

Full name: Name part:

First date: // // 19 Last date: // // 19

Summary Report

Select the components to report

Components of the report	Date
<input type="checkbox"/> Outpatient card	3/11/2021 4:36:54 PM
<input type="checkbox"/> Trichoscopy	3/3/2020 10:11:05 AM
<input type="checkbox"/> Phototrichogram	3/5/2020 10:21:15 AM
<input type="checkbox"/> Trichogram	3/3/2020 10:31:25 AM
<input type="checkbox"/> Dermatoscopy	3/3/2020 10:41:35 AM
<input type="checkbox"/> Follicular Units Analysis	3/3/2020 10:11:05 AM
<input type="checkbox"/> Trichometry	3/11/2021 4:36:54 PM
<input type="checkbox"/> Automatic Conclusion	3/11/2021 4:26:48 PM
<input type="checkbox"/> Quality of Life Assessment	3/11/2021 4:36:58 PM
<input type="checkbox"/> Additional Studies	3/3/2020 10:45:45 AM
<input type="checkbox"/> Conclusions and Recommendations	3/5/2020 10:50:05 AM

OK Cancel

After completing all diagnostic sessions and studies, as well as generating conclusions and reports for the patient, the “Summary report” function allows to select components to be included into the final report, such as “Trichoscopy”, “Phototrichogram”, “Trichogram”, “Dermatoscopy”, “Follicular Units Analysis”, “Trichometry”, “Quality of Life Assessment”, “Additional Studies”, “Conclusions and Recommendations” and “Automatic Conclusion” data. The “Summary report” is generated as an MS Word document, which is convenient for making any additional adjustments to the final data to be printed, as well as for automatic translation into other languages.