

TREATMENTS AT A GLANCE

Client Name: _____ DOB: _____

Date of Visit: _____ Professional/Esthetician: _____

Concerns addressed: _____

Treatment(s) performed: _____

Notes: _____

Homecare recommended: _____



Date of Visit: _____ Professional/Esthetician: _____

Concerns addressed: _____

Treatment(s) performed: _____

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