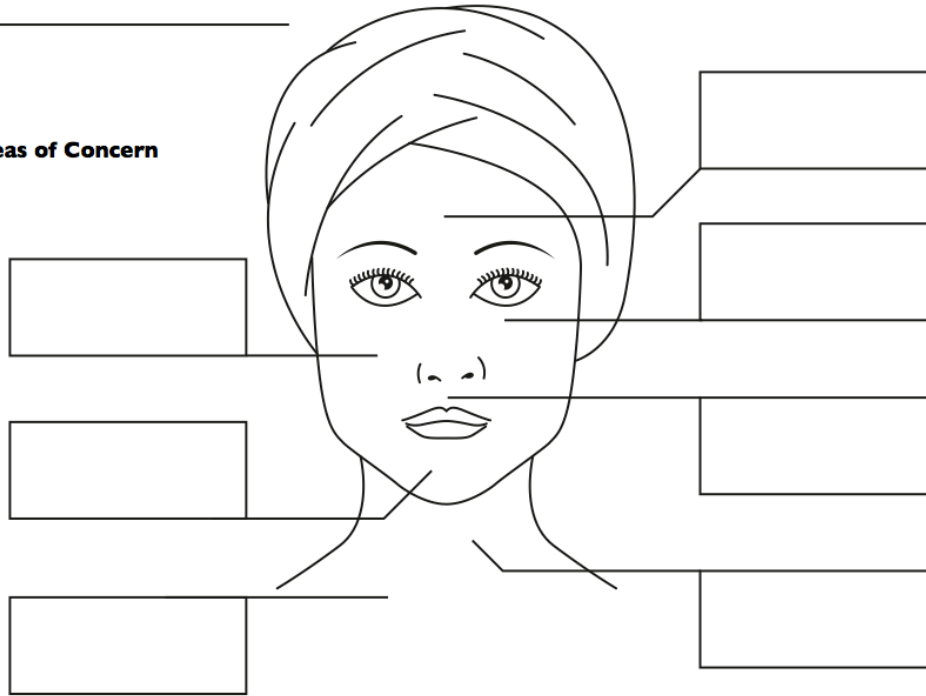


Client Name: \_\_\_\_\_

**Areas of Concern**



**Treatment Plan Proposed**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Signed: \_\_\_\_\_

Form of Payment  
 Cash \_\_\_\_\_ Credit \_\_\_\_\_ Finance \_\_\_\_\_ All \_\_\_\_\_

I understand that these treatments are cash cosmetic and are payable in full at the time of service.

\_\_\_\_\_  
 Client

\_\_\_\_\_  
 Witness

Date: \_\_\_\_\_

**Skin Care Products**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Total \$ \_\_\_\_\_

**Treatment Plan Charges**

1. \_\_\_ txs @ \$ \_\_\_\_\_
2. \_\_\_ txs @ \$ \_\_\_\_\_
3. \_\_\_ txs @ \$ \_\_\_\_\_
4. \_\_\_ txs @ \$ \_\_\_\_\_
5. \_\_\_ txs @ \$ \_\_\_\_\_

Package Price \$ \_\_\_\_\_