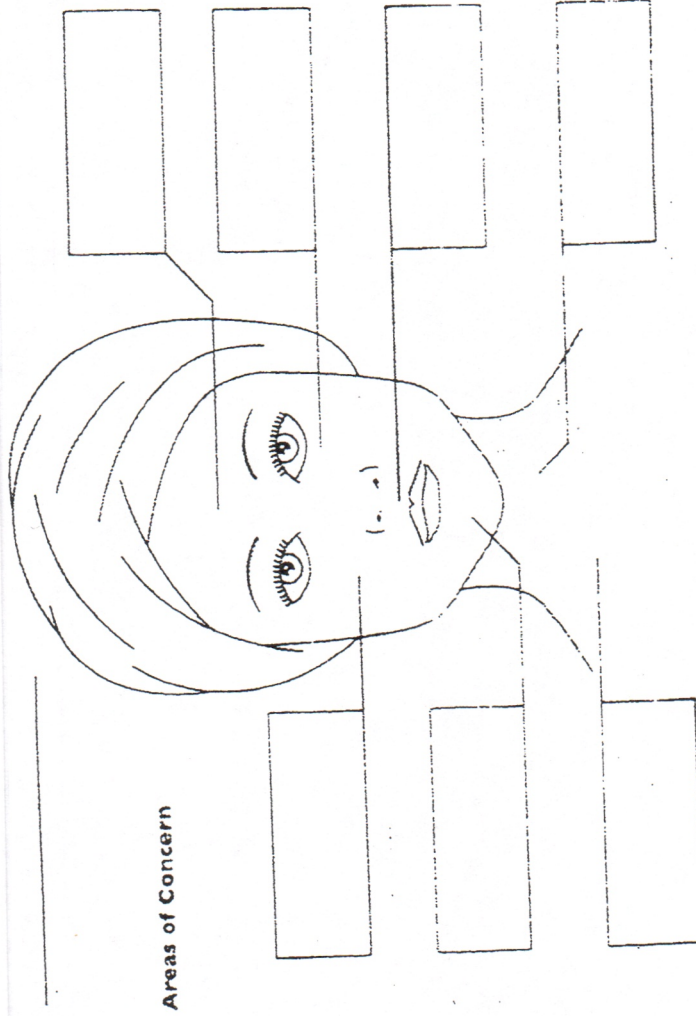


SIGNATURE

Client Name: _____



Treatment Plan Proposed

1. _____
2. _____
3. _____
4. _____
5. _____

Signed: _____

Treatment Plan Charges

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

Package Price \$ _____

Skin Care Products

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 _____

Total \$ _____

Date _____