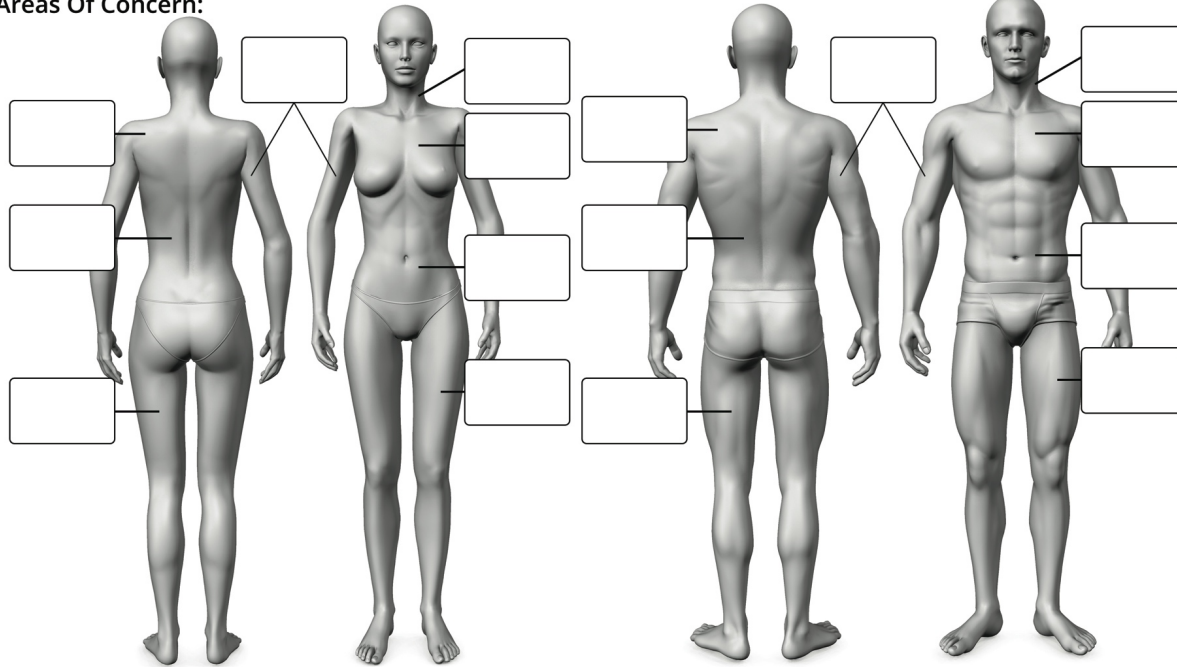


Client Name: _____

Areas Of Concern:



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

TREATMENT PLAN PROPOSED:

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

SIGNED: _____

Treatment Plan Charges

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