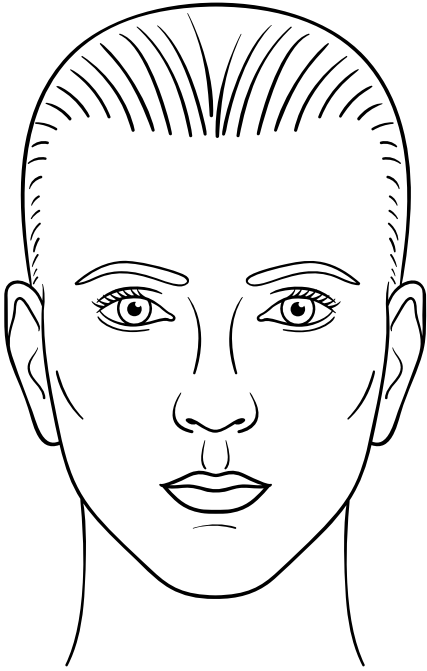


SKIN TREATMENT PLAN

Name: _____

Date: _____

| Concerns |
|----------|
| |



| Treatment Recommendations | Frequency of Treatments | Pricing |
|---------------------------|-------------------------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Skin Care | Frequency | Price | Notes |
|-----------|-----------|-------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Pricing valid through: _____

Consultation by: _____