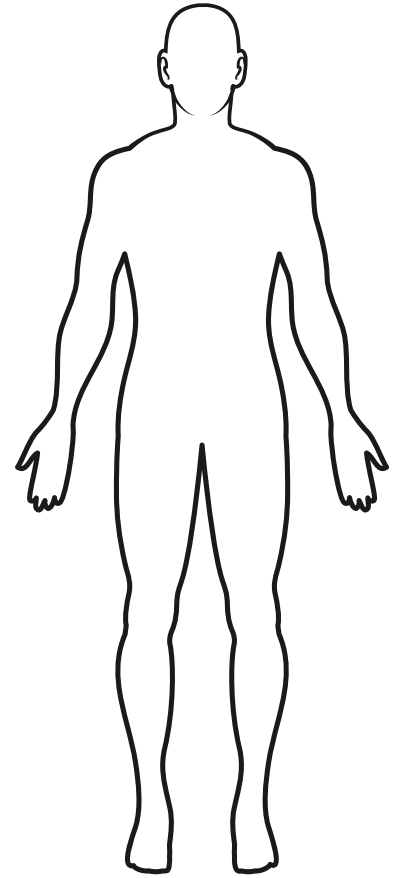


BODY TREATMENT PLAN

Name: _____

Date: _____

Concerns	Area



Treatment Recommendations	Frequency of Treatments	Pricing

Notes

Pricing valid through: _____

Consultation by: _____