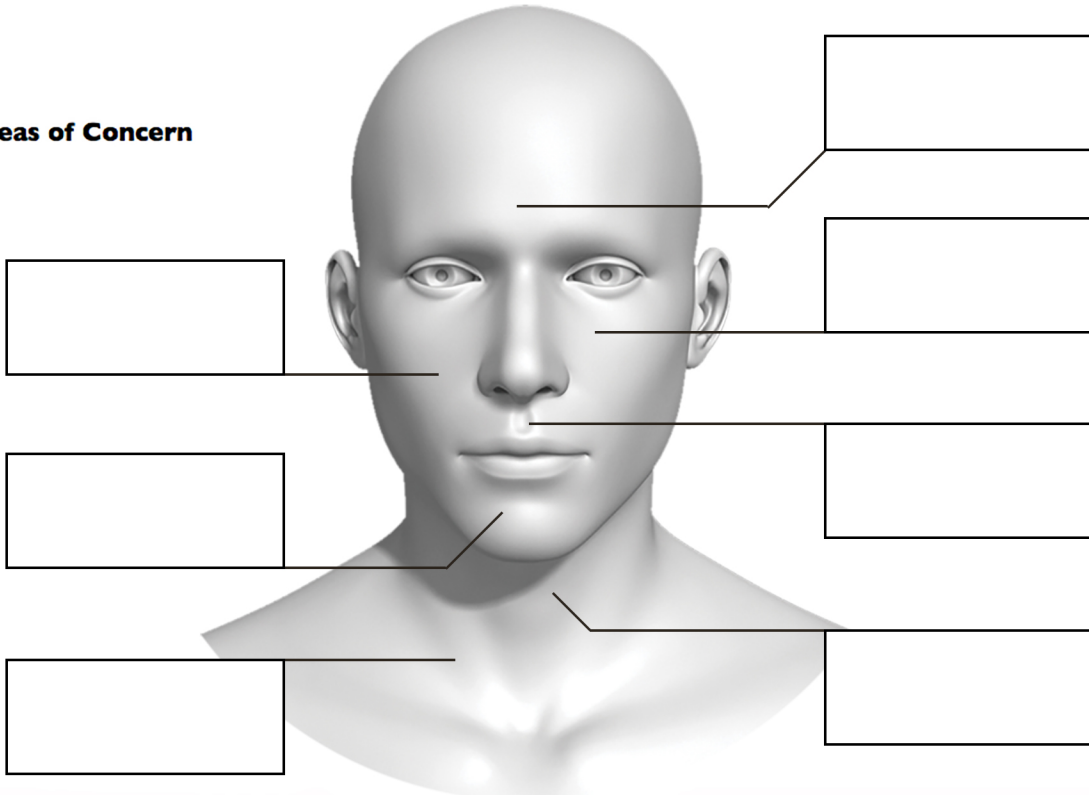


Client Name: \_\_\_\_\_

**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 \$ \_\_\_\_\_