

Client Treatment Plan

Client name: _____

I recommend the following professional treatments for you to help achieve the results you desire:

Treatment Type: _____ Schedule every ____ days weeks

Date scheduled: _____ Series recommended of ____ # of treatments

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Date scheduled: _____ Series recommended of ____ # of treatments

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Date scheduled: _____ Series recommended of ____ # of treatments

Home Care

Cleanser: _____ How often: _____

Exfoliant: _____ How often: _____

Serum: _____ How often: _____

Serum: _____ How often: _____

Moisturizer: _____ How often: _____

SPF: _____ How often: _____

Repair Tx: _____ How often: _____

Mask: _____ How often: _____

Spot Tx: _____ How often: _____

Other: _____ How often: _____

If you have any questions about your treatment plan, or when and how to use your home care products, please contact me any time. Your treatment plan may change depending on the rate of progress and changes in your skin.

____(initial) I understand that to achieve maximum benefits and maintain the results from my professional treatments, home care product use as outlined above is essential.

____I commit to my success by pledging to wear sunscreen daily.

Client Name (Printed): _____ Client Signature: _____

Aesthetician Name (Printed): _____ Aesthetician Signature: _____

