

Confidential

Client Treatment Plan



Client Name

Treatment received

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

Treatment Type

Schedule every

Days

Weeks for a total of

Treatments

Treatment Type

Schedule every

Days

Weeks for a total of

Treatments

Home care:

Cleanser:

How Often:

Exfoliant:

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. Your treatment plan may change depending on the rate of progress and changes in your skin.

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

I commit to my success by pledging to wear sunscreen daily. _____ (initial)

Printed Name

Signature

Date

Esthetician Name

Signature

Date