Return Visit				Action Plan----
LG	TD	EN	LH	W/O Amount $
TS	LD	KR	MW	W/O Reason
OTHER	Return Visit			No Charge
1 WK	2 WK	6 WK		Charge $
1 MTH	2 MTH	3 MTH		Current Package
Mins Req	15	30	45	Tx # OF #
60	75	90	120	Botox Units
Treatment:				
Treatment Areas:				Filler Syringes

Visia & Numbing	15	30	45	60	Kybella Vials	Products
Ipad & Numbing	15	30	45	60		
Ipad Only	15	30	45	60	PRP	
Visia Only	15	30	45	60		
Numbing Only	15	30	45	60	OK to: DB BOT	Send Smiley :]]

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