Esthetic Treatment Record

Client Name:			Fitzpatrick:	
Client Concer	ns or Objective			
Esthetic Treatments			Treatment Detail Requirements	
			Type of products being used	
			■ Facial type	
			 Area of body where treatment is being performed 	
			 Special client notes (clinical reaction, get traveling, etc.) 	
				1
Date	Treatment Name		Treatment Detail Notes	Technician
(00/00/00)	(all spa treatments)	(body	area, facial type, products used, etc.)	(first & last)
				-

