

Esthetic Treatment Record

Client Name: _____

Fitzpatrick:_____

Client Concerns or Objective _____

| Esthetic Treatments | Treatment Detail Requirements |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none"> ▪ Type of products being used ▪ Facial type ▪ Area of body where treatment is being performed ▪ Special client notes (clinical reaction, getting married, traveling, etc.) |

[illegible]