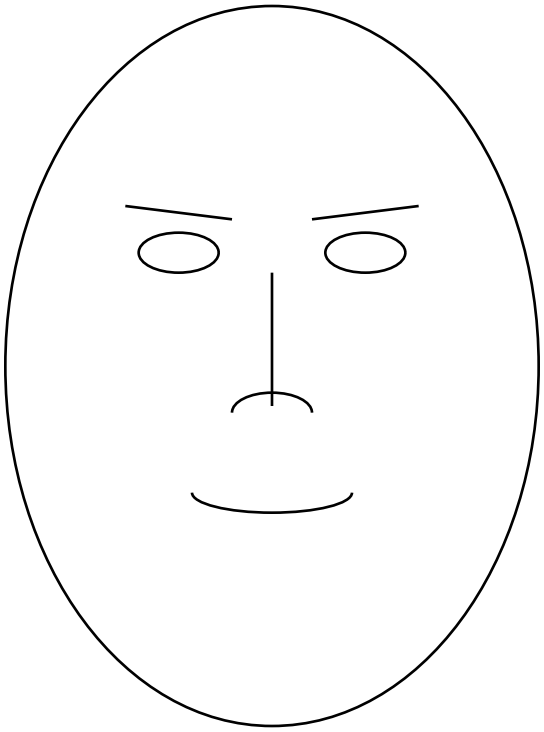
TREATMENT RECORD

Marci's GlowLux

Client: _____ Date: _____



TOX

Brand: _____ Units: _____ Cost: _____

FILLER

Brand: _____ Syringes: _____ Cost: _____

THREADS

Brand: _____ Quantity: _____ Cost: _____

SKIN BOOSTERS

Brand: _____ Syringes/ML: _____ Cost: _____

NOTES