|  |  |  |  |
| --- | --- | --- | --- |
| **Provide the number of projected annual patient encounters for each of the following:** | **Past 12 Month Treatment Counts** | **Next 12 Month Treatment Counts** | **Designation of Person(s) Performing Procedures (e.g. MDIDO, NP, PA, RN, etc.)** |
| Beauty Shop (Hair, Nails, Facials, Wraps, etc.) |   |  |  |
| Botox |  |  |  |
| Chelation Therapy |   |  |  |
| Chemical Peels |  |  |  |
| <30% Solution Strength |  |  |  |
| >30% Solution Strength |  |  |  |
| Dermal Fillers |  |  |  |
| Hormone Therapy |  |  |  |
| RF Cellulite / Body Sculpting |  |  |  |
| Laser Hair Removal |  |  |  |
| Laser Liposuction |  |  |  |
| Laser Skin Treatments |  |  |  |
| Laser Tattoo Removal |  |  |  |
| Laser Vein Treatments |  |  |  |
| Massage |  |  |  |
| Mesotherapy/Lipodissolve/Kybella |  |  |  |
| Microdermabrasion |  |  |  |
| Micropigmentation |  |  |  |
| Photorejuvenation |  |  |  |
| Sclerotherapy |  |  |  |
| Teeth Whitening |  |  |  |
| Wart/Skin Tag Removal |  |  |  |
| Weight Loss Management |  |  |  |
| HCG |  |  |  |
| Prescription Medication |  |  |  |
| Other |  |  |  |
| Microneedling |  |  |  |
| Vaginal Rejuv |   |  |  |
| O shots/ P shots |   |  |   |
| Other: |   |   |   |
| Other: |  |  |  |
| Other: |  |  |  |
| **Total # of Procedures:** |  |  |   |