

# CLIENT PROFILE

Name: \_\_\_\_\_

Treatment: \_\_\_\_\_

Treatment Date: \_\_/\_\_/\_\_\_\_\_

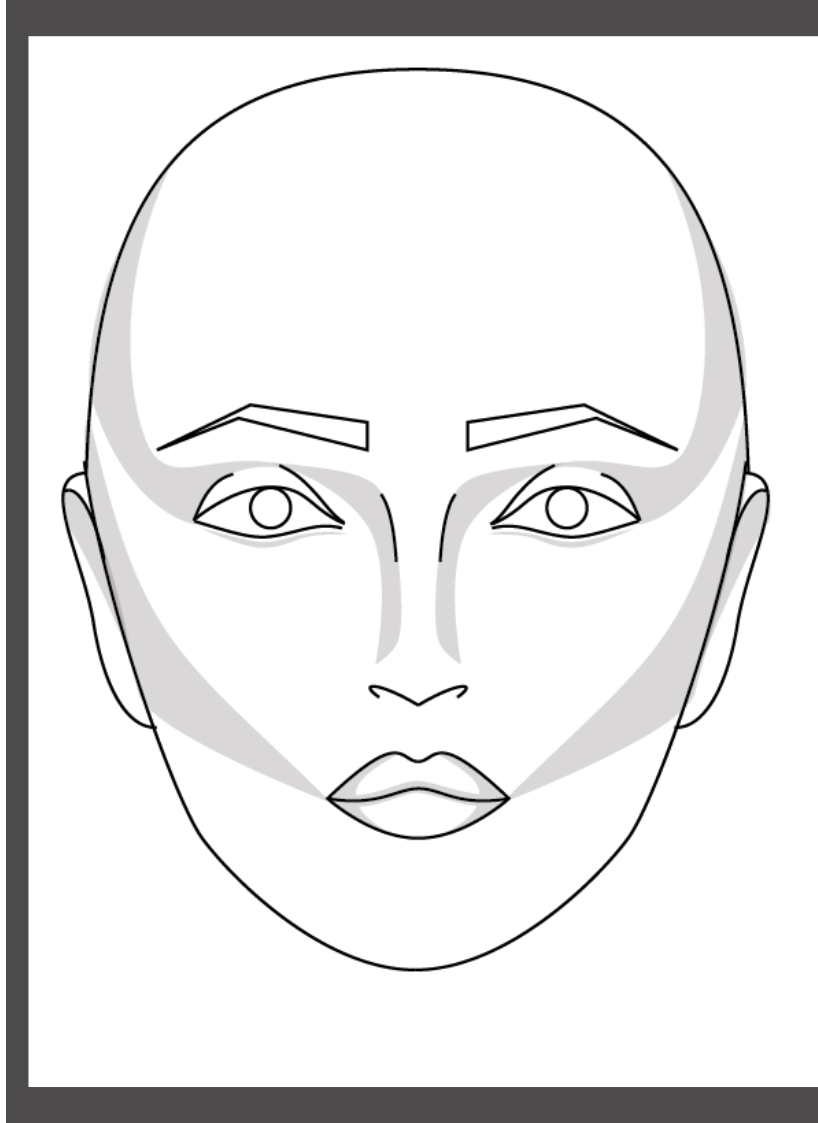
Treatment Time: \_\_:\_\_am/pm

Signed GDPR:

Signed Medical Questionnaire:

Signed Consent:

Allow the use of photo's: \_\_\_\_\_



## Products Used

<i>Product Name</i>	<i>Batch No.</i>	<i>Expiry Date</i>	<i>Amount Used</i>
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## Notes

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