

TREATMENT PLANNING FOR CLATUU

CLIENT INFORMATION

Date: _____

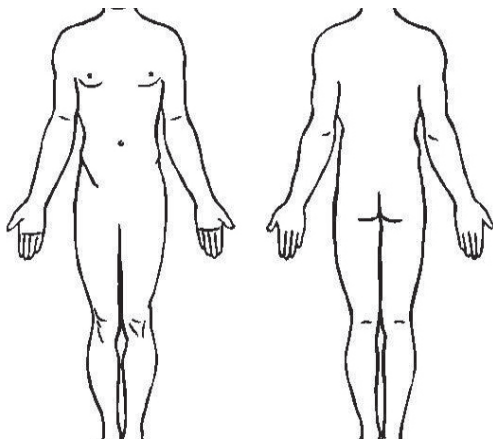
NAME _____

NOTES

Treatment No: _____

Date: _____

Weight: _____



Treatment led by: _____

Pre-treatment photos taken? Yes No

Treatment start time: _____ End time: _____

Site #1: Wing type Flat type

Cooling: __/4 Suction: __/4 Massage: __/3

Site #2: Wing type Flat type

Cooling: __/4 Suction: __/4 Massage: __/3

5-minute post-treatment manual massage

Post-treatment photos taken

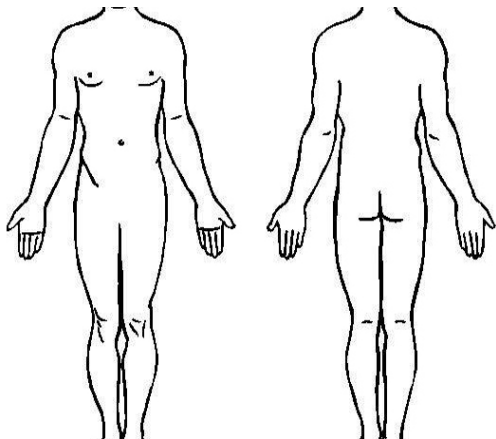
Treatment comments/observations: _____

Follow-up comments/observations: _____

Treatment No: _____

Date: _____

Weight: _____



Treatment led by: _____

Pre-treatment photos taken? Yes No

Treatment start time: _____ End time: _____

Site #1: Wing type Flat type

Cooling: __/4 Suction: __/4 Massage: __/3

Site #2: Wing type Flat type

Cooling: __/4 Suction: __/4 Massage: __/3

5-minute post-treatment manual massage

Post-treatment photos taken

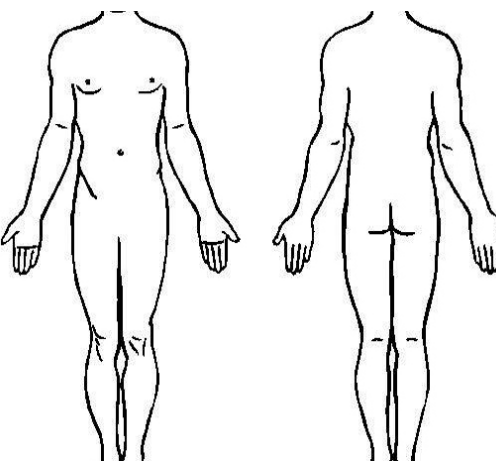
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