

Institute of Epidermal Cell Therapy



Epidermal Cell Therapy

Hair Removal Treatment Notes

Patient: _____ Date: _____ Esthetician: _____
Esthetician Design Protocol _____

Services time _____ 60 min _____ 90 min _____ 120 min Series _____ of _____
_____ Facial _____ Body Treatment _____ Waxing _____ Special Treatment: _____

Pre-Treatment Notes: _____

Target area _____

Hair Removal

_____ Tweezing _____ Shaping _____ Hard Waxing _____ Soft Waxing

Extractions _____ No _____ Yes

Location _____		
☐ Face _____ min	☐ Eyes _____ min	
☐ Hands _____ min	☐ Neck _____ min	
☐ Back _____ min	☐ Feet _____ min	
☐ Chest _____ min	☐ Arms _____ min	
☐ Legs _____ min	☐ Ears _____ min	
☐ Nose _____ min		

_____ Special Treatment: _____

Tinting

Lashes _____ Brow _____

Color _____

Moisturizer 1 _____

Mask 1 ☐ Swd ☐ B&H ☐ Clr Cmplx ☐ C&C
2 _____

Post-Treatment Notes: _____

*Signature*****Date
