



Treatment Record

Client's name _____ Date _____

Treatment provided _____

Area treated _____ How many layers / time left on skin _____

Products used to prep the skin

☐ Peel Prep ☐ Flower Enzyme ☐ Pro 5 Exfoliant ☐ Enzyme ☐ GlyPro Resurfacing Peel

Mask

☐ Soothing Gel Mask ☐ Calming Clay Mask ☐ None

Additional products used _____

Activity level felt

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Visible reaction (if any)

☐ Redness ☐ Hot Spots ☐ Frosting ☐ Other

Comments _____

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Comments _____