

Progressive Treatment Record



Date: _____ **Skin Care Professional:** _____

Specific Concerns: _____

Type of treatment: _____

Notes/Remarks: _____

Recommended Home Skin Care Products:

For Daytime:

For Nighttime:

Date: _____ **Skin Care Professional:** _____

Specific Concerns: _____

Type of treatment: _____

Notes/Remarks: _____

Recommended Home Skin Care Products:

For Daytime:

For Nighttime:

Date: _____ **Skin Care Professional:** _____

Specific Concerns: _____

Type of treatment: _____

Notes/Remarks: _____

Recommended Home Skin Care Products:

For Daytime:

For Nighttime:
