

Plasma Fibroblast / Microneedling / Microblade/ permanent makeup Consultation Report

RECORD OF

CONSULTATION Date: _____ Fees Discussed: _____

Name: _____

Address: _____

City: _____

Phone Number: _____

How did you hear about us? _____

Tell us a little about your desired result: _____

Which of the following best describes your area of concern (Check all that apply):

- Hyperpigmentation
- Reducing the appearance wrinkles and loose skin
- Reducing the appearance large pores
- Reducing the appearance of stretchmarks
- Acne scarring or healed scars
- Uneven skin tone
- Other please explain

Client Signature: _____

Recommended Procedure/Treatment: Recommend 3

Technician Name: Sandra Centeno

LOL Number _____

Color clients choose _____