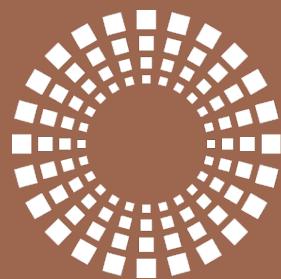




BODY CONTOURING & RF JOURNEY

: CLIENT NAME

: CLINICIAN





BODY CONTOURING & RADIO FREQUENCY

INTRODUCTION

Ultrasound Body Contouring

Body Contouring treatments use ultrasound waves to sculpt and shape unwanted areas of adipose tissue. Sound waves are absorbed by fat cells, generating heat and causing a temporary weakening of the cell membrane. Triglycerides are released and eliminated from the body through the lymphatic system.

Indications

- Excess adipose tissue
- Cellulite

Considerations:

- Body contouring is best performed in a treatment course of 6-10 sessions.
- Results are influenced by a healthy diet and exercise regimen.

Radio Frequency

Radio Frequency treatments utilise an oscillating electrical current to generate heat within the skin, achieving numerous benefits. Radio Frequency is commonly used for the treatment of skin laxity, tightening, and plumping the skin. Treatment creates an increase in tissue temperature, causing immediate skin tightening and stimulating production of new collagen, elastin and GAG's.

Indications

- Face and body areas where there is a loss of skin elasticity
- Improving the appearance of lines and wrinkles
- Reducing the appearance of cellulite

Considerations:

Radio Frequency is best performed in a treatment course of 6-10 sessions at weekly intervals, with maintenance treatments recommended every 3-6 months.

SONOPHORESIS & VACUUM SUCTION

INTRODUCTION

Ultrasound Product Infusion

Ultrasound Product Infusion is a non-invasive treatment that uses ultrasound waves to increase absorption of skincare ingredients. Sound waves cause vibrations that create temporary microchannels to increase both the depth and rate that active ingredients can be absorbed into the skin, improving efficiency by up to 60%. Sonophoresis can be used with serums, moisturisers and masks that are water based. This treatment can be performed by itself or as an add on treatment. Clients may experience some minor sensations such as vibrations, sounds and warmth.

Indications

- Dehydration and trans-epidermal water loss (TEWL)
- Dull skin
- Fine lines
- Wanting to further enhance treatment results

Vacuum Suction

Vacuum Suction is a therapeutic treatment that combines vacuum suction to lift the skin with a pulsating massage. It targets cellulite by improving lymphatic drainage and boosting circulation, aiding with the detoxification process. The vacuum uses light pressure and long, rhythmic strokes to facilitate lymphatic drainage. As the cups glide over the treatment area, they draw the skin into a vacuum, activating circulation and assisting with the breakdown of fatty deposits that can cause skin dimples and cellulite.

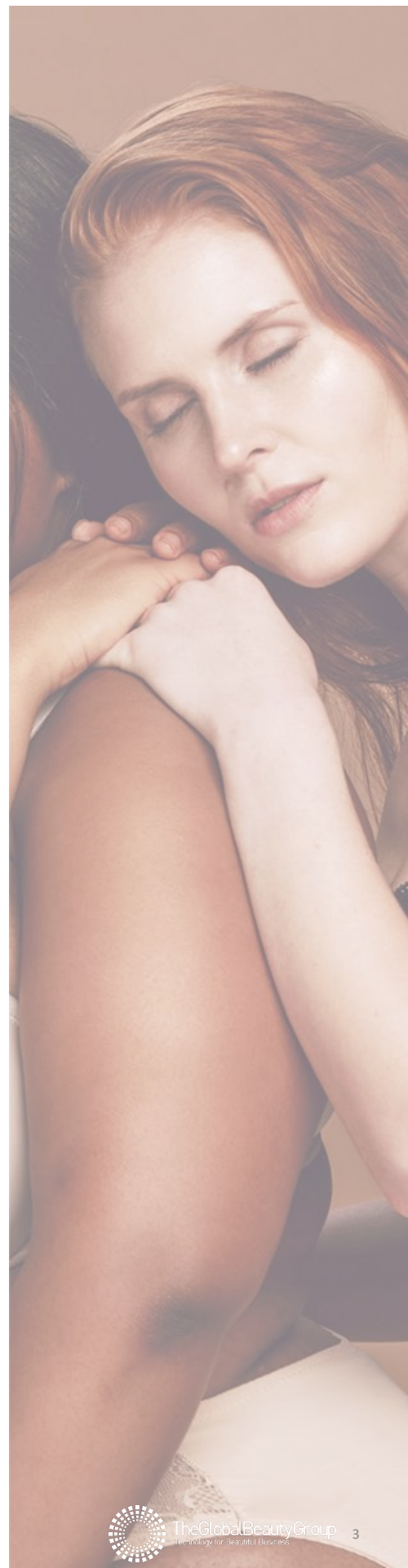
Indications

- Reduction of the appearance of cellulite on thighs.
- Lymphatic drainage of the thigh area.

Considerations:

Vacuum Suction is designed to be performed on the thighs. For best results on cellulite, Vacuum Suction should be combined with Ultrasound Body Contouring and Radio Frequency.

Some patients may experience bruising post treatment.





BODY CONTOURING & RADIO FREQUENCY CONCERNS, GOALS & NUTRITION

Key Areas Of Concern

- Loose skin around the abdomen, knees, thigh, buttocks, arms and or back of hands
- Loose skin on the face, neck and décolletage
- Fine lines & wrinkles
- Excess fatty tissue on the thighs, buttocks, arms, knees, bra line, love handles and or abdomen
- Cellulite

Goals & Expectations

What are your treatment expectations?

In what time frame do you expect to reach your goals?

Diet

Are you currently working with a dietitian/ nutritionist/ other specialist when it comes to dietary advice and recommendations? Y N

Please give us a general overview of your daily dietary habits:

Breakfast:

Lunch:

Dinner:

Exercise

Are you currently working with a personal trainer / other specialist when it comes to exercise advice and recommendations? Y N

Details of current exercise program:



CONTRAINDICATIONS

Contraindications to Body Contouring, Radio Frequency, Sonophoresis Infusion and Vacuum Suction

Please tick any of the below that apply to you:

- Contagious Skin Disorders / Diseases (Impetigo, Chicken Pox, Mumps)
- Active Infections/virus (cold sores)
- Skin Irritation / Rash / Open Lesions /Allergic Skin Reaction
- Impaired healing/ Abnormal Healing/ Keloid Scars
- Cancer,Chemotherapy, Radiation (within 2 years)
- Diabetes
- Cardiac Disease
- Pacemaker or internal defibrillator
- Tan (fake)
- Waxing, plucking (3 days)
- Laser or IPL hair Removal, Electrolysis (within 7 days)
- Prescription strength exfoliants (within the past 2 weeks)
- Isotretinoin (within the past 6 months)
- Photosensitizing medications (within the past 2 weeks)
- Blood thinners
- Metal Plates or pins
- High/Low Blood Pressure
- Laser Treatment/Cosmetic Surgery (within 3 -6 months)
- Pregnancy and Breastfeeding
- Sun exposure (within the past 4 weeks)
- Cosmeceutical Vitamin A, AHA's & BHA's, or Vitamin C (within the past 3 days)
- Sensory Impairment (Hypoesthesia)
- Epilepsy
- Feeling Unwell, Flu, Common Cold etc.
- Smoking, Drinking & Drugs.
- Allergies to Latex

Additional contraindications specific to Body Contouring

- Clinician tick here if this modality is included in the treatment

Please tick any of the below that apply to you:

- Vascular conditions (Varicose Veins or Deep Vein Thrombosis)
- Metabolic conditions (hypertriglyceridemia / hypercholesterolemia)
- Excess alcohol consumption
- Hearing aids (need to be removed and turned off)
- Liver disease
- High Cholesterol
- Autoimmune disease
- Poor lymphatic system

Additional contraindications specific to Radio Frequency

- Clinician tick here if this modality is included in the treatment

Please tick any of the below that apply to you:

- Permanent makeup & tattoos
- Chemical Peel, Microneedling, Microblading, (within 2 weeks)
- IPL/Laser Skin Treatment (within 4 weeks)
- History of diseases stimulated by heat, such as Herpes Simplex in area
- Fillers (within the past 4 weeks)
- Anti-wrinkle injections (Botox / Dysport) (within the past 2 weeks)



CONTRAINDICATIONS

Contraindications to Body Contouring, Radio Frequency, Sonophoresis Infusion and Vacuum Suction

Please tick any of the below that apply to you:

- Contagious Skin Disorders / Diseases (Impetigo, Chicken Pox, Mumps)
- Active Infections/virus (cold sores)
- Skin Irritation / Rash / Open Lesions /Allergic Skin Reaction
- Impaired healing/ Abnormal Healing/ Keloid Scars
- Chemotherapy, Radiation (within 6 months)
- Diabetes
- Cardiac Disease
- Pacemaker or internal defibrillator
- Tan (natural or fake)
- Waxing, plucking (3 days)
- Laser or IPL hair Removal, Electrolysis (within 7 days)
- Prescription strength exfoliants (within the past 2 weeks)
- Isotretinoin (within the past 6 months)
- Photosensitizing medications (within the past 2 weeks)
- Blood thinners
- Metal Plates or pins
- High/Low Blood Pressure
- Laser Treatment/Cosmetic Surgery (within 3 -6 months)
- Pregnancy and Breastfeeding
- Sun exposure (within the past 4 weeks)
- Cosmeceutical Vitamin A, AHA's & BHA's, or Vitamin C (within the past 3 days)
- Sensory Impairment
- Epilepsy

Additional contraindications specific to Body Contouring

- Clinician tick here if this modality is included in the treatment

Please tick any of the below that apply to you:

- Vascular conditions (Varicose Veins or Deep Vein Thrombosis)
- Metabolic conditions (hypertriglyceridemia / hypercholesterolemia)
- Excess alcohol consumption
- Hearing aids (need to be removed and turned off)
- Liver disease
- High Cholesterol
- Autoimmune disease
- Poor lymphatic system

Additional contraindications specific to Radio Frequency

- Clinician tick here if this modality is included in the treatment

Please tick any of the below that apply to you:

- Permanent makeup & tattoos
- Chemical Peel, Microneedling, Microblading, (within 2 weeks)
- IPL/Laser Skin Treatment (within 4 weeks)
- History of diseases stimulated by heat, such as Herpes Simplex in area
- Fillers (within the past 4 weeks)
- Anti-wrinkle injections (Botox / Dysport) (within the past 2 weeks)

WHAT TO EXPECT

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WHAT TO EXPECT FOR INDIVIDUAL MODALITIES

Ultrasound Body Contouring	Ultrasound Sonophoresis	Radio Frequency	Vac Suction
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DURING THE TREATMENT

<ul style="list-style-type: none"> ✓ Sounds: A loud 'clicking' sound will be heard when using the 40K handpiece. A mild 'whirring' sound may be heard when using to 1MHz handpiece. ✓ Vibrations: Vibrations can sometimes be felt on the skin This is normal as the ultrasound is creating these vibrations to allow for product infusion. ✓ Warmth: Some clients can feel mild warmth during this treatment. This is due to the constant movements / friction from the handpiece, along with the energy that the handpiece is emitting ✓ Tingling / Itchiness 	<ul style="list-style-type: none"> ✓ Sounds: Some clients can hear a "whirring" sound while the treatment is being performed. This is a normal effect of the ultrasound waves. ✓ Vibrations: Vibrations can sometimes be felt on the skin This is normal as the ultrasound is creating these vibrations to allow for product infusion. ✓ Warmth: Some clients can feel mild warmth during this treatment. This is due to the constant movements / friction from the handpiece, along with the energy that the handpiece is emitting ✓ Tingling / Itchiness 	<ul style="list-style-type: none"> ✓ Moderate warmth: Treatment should feel similar to a hot stone massage ✓ Tingling / Itchiness 	<ul style="list-style-type: none"> ✓ Pulsating suction: Intensity will vary based on treatment performed
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AFTER THE TREATMENT

<ul style="list-style-type: none"> ✓ A slightly unwell or sluggish sensation due to the elimination process (up to 5 days) 	<ul style="list-style-type: none"> ✓ Mild skin redness (up to 5 days) 	<ul style="list-style-type: none"> ✓ Mild warmth and redness similar to a sunburn sensation (up to 5 days) 	<ul style="list-style-type: none"> ✓ A slightly unwell or sluggish sensation due to the elimination process (up to 5 days)
<ul style="list-style-type: none"> ✓ Mild skin redness (up to 5 days) 		<ul style="list-style-type: none"> ✓ Mild swelling (up to 5 days) 	<ul style="list-style-type: none"> ✓ Mild skin redness (up to 5 days)
<ul style="list-style-type: none"> ✓ Mild swelling, small raised bumps (up to 5 days) 		<ul style="list-style-type: none"> ✓ Itchy or dry skin (up to 5 days) 	<ul style="list-style-type: none"> ✓ Mild bruising which will resolve naturally (up to 2 weeks)
<ul style="list-style-type: none"> ✓ Itchy or dry skin (up to 5 days) 			



PRE TREATMENT CARE

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TREATMENT PREPARATION

Follow your prescribed homecare routine as advised by your treatment provider

Apply SPF30+ Daily

Avoid sun exposure to treated areas (4 weeks)

Avoid the use of fake tan and gradual tanning creams (4 weeks)

Avoid exercise, excessive sweating, hot showers, spas, saunas and pools (24 hours)

Avoid filler injections (4 weeks)

Avoid antiwrinkle injections (2 weeks)

Avoid prescription strength exfoliant creams (2 weeks)

Avoid harsh exfoliation (AHA's, BHA's, mechanical exfoliants) and benzoyl peroxide application (1 week)

Avoid hair removal (waxing, threading, plucking, electrolysis) (1 week)

Avoid Active Skincare ingredients (Vitamin A & C) (24-72 hours)

48 HOURS PRIOR TO TREATMENT

Very gently exfoliate the treatment area

Shave the treatment area if required

Drink plenty of water to assist with elimination (Body Contouring)

IMPORTANT

Throughout your treatment course, it is important to advise your treatment provider of any of the following:

Sun exposure or fake tan application on the treatment area within the past 4 weeks

Any new health conditions, or if you have been unwell

Commencing any new medication (including short term doses)

Changes to current medications or supplements

If you are trying to become, or become pregnant



PRE & POST TREATMENT CARE

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TREATMENT AFTERCARE

Follow your prescribed homecare routine as advised by your treatment provider

Apply SPF30+ Daily

Avoid sun exposure to treated areas

Avoid picking at, or peeling the skin

Avoid exercise, excessive sweating, hot showers, spas, saunas and pools (24 hours)

Avoid makeup application (24 hours)

Avoid hot showers and baths (24 hours)

Avoid active Skincare ingredients (Vitamin A & C) (24-72 hours)

Avoid antiwrinkle injections and filler (1 week)

Avoid exfoliation (AHA's, BHA's, mechanical exfoliants) (1 week)

Avoid hair removal (waxing, threading, plucking) (1 week)

Application of chilled aloe vera gel if the area is warm or has small, red bumps. Replace with recommended skincare when the area is no longer warm and any small bumps have disappeared

ADDITIONAL AFTERCARE FOR RADIO FREQUENCY

Do not cool the area with cold packs unless otherwise advised

ADDITIONAL AFTERCARE FOR BODY CONTOURING

Drink plenty of water to assist with the elimination process

If the skin has no signs of redness or small bumps, perform 30 minutes of exercise post treatment (avoid if RF has been performed)

Avoid alcohol consumption for up to 72h

IMPORTANT

Contact your treatment provider if you notice any unusual reactions

Your treatment provider will advise your treatment schedule. It is important to adhere to this regime for best results.

Maintenance treatments will be required and will be ongoing

BODY CONTOURING & RF TREATMENT

CLIENT CONSENT & TREATMENT PERFORMED

I, _____ certify that the information contained within this document is true and correct, and that I have been advised and fully informed of the procedure and the nature of the process discussed, along with all risks, responses and pre and post care instructions. I hereby authorize and direct my treatment provider to perform such services as prescribed.

My signature below acknowledges that:

1. I have read, understand, and fully agree to the treatment and product prescription
2. I understand the risks and contraindications for the treatments that have been prescribed
3. I give consent to the prescribed treatments that has been satisfactorily explained to me and my questions have been addressed
4. I hereby give my consent and authorization for my treatment provide to carry out the prescribed services. I release this organisation and its therapists of any claims that I have or may have in the future in connection with the described application or service.



RF SKIN TIGHTENING & SONOPHORESIS

Baseline Skin Analysis

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CLINICIAN USE ONLY:

Use the skin condition code to tag conditions in the various zones of the face, neck & decolletage.

SKIN PROFILE

Skin Type:

- Normal
- Oily
- Combination
- Dry
- Genetically Sensitive

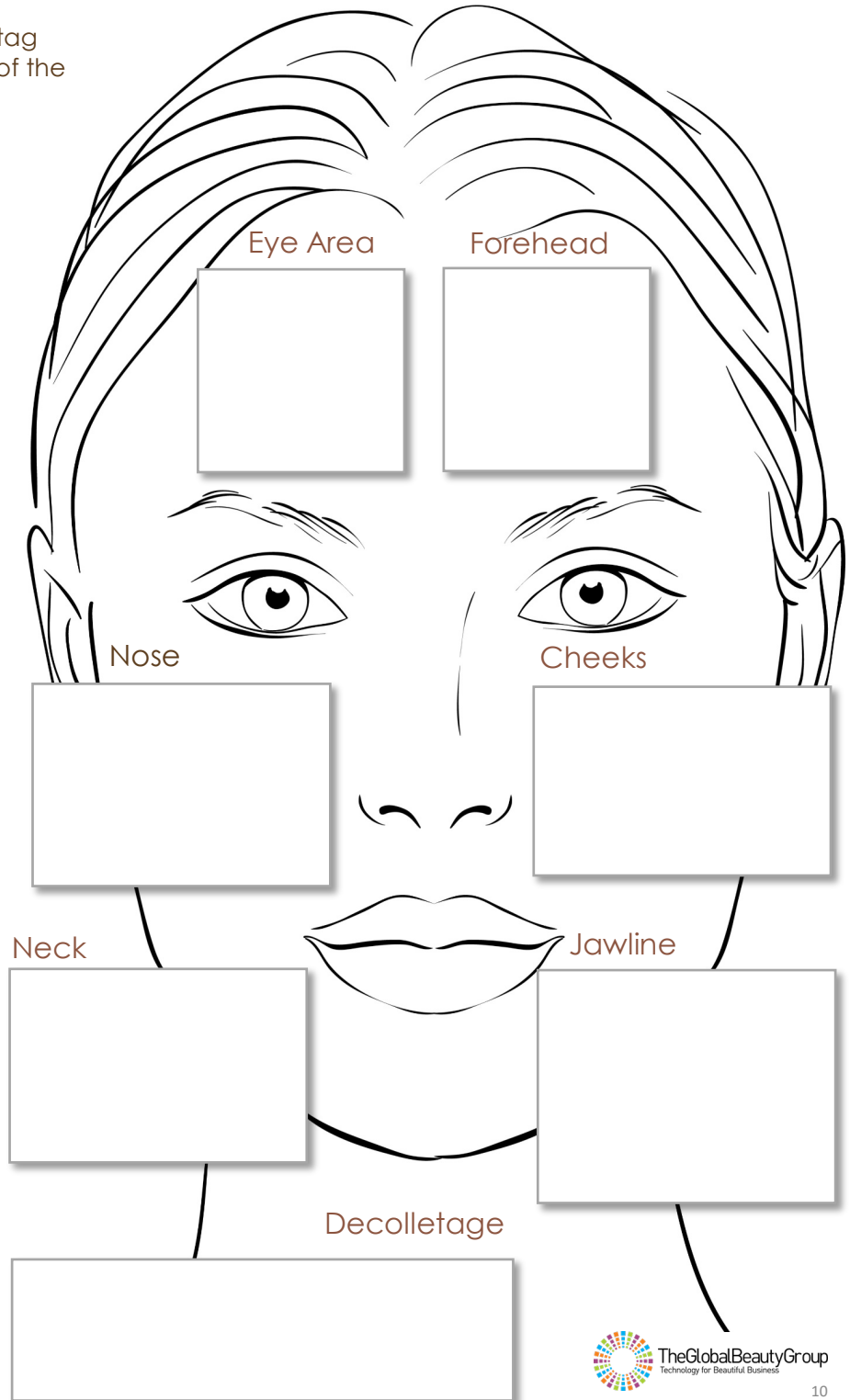
Skin Condition:

- S:** Sensitised
- DH:** Dehydrated
- UT:** Uneven Texture
- HP:** Hyperpigmentation
- M:** Melasma
- C:** Congestion
- IA:** Inflamed Acne
- EP:** Enlarged Pores
- LE:** Loss Of Elasticity
- DW:** Dynamic Wrinkles
- SW:** Static Wrinkles
- SL:** Solar Lentigo
- SK:** Solar Keratosis
- ST:** Scar Tissue
- F:** Filler
- B:** Botox
- T:** Telangiectasia
- R:** Redness
- BC:** Broken Capillaries
- RC:** Rosacea
- CT:** Cosmetic Tattoo

Clinician Notes:

TOP TIP

We would highly recommend that you take a series of before and after images to showcase your product and treatment prescription results. Advanced digital imaging systems such as the **OBSERV 520x** are highly recommended. Alternatively make sure to take before and after photos with your iPad or camera.





Body Contouring

Baseline Skin Analysis For the Body

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CLINICIAN USE ONLY:

Use the skin condition code to tag conditions in the various zones of the body.

SKIN PROFILE

Skin Condition:

- IB:** Impaired Barrier
- DH:** Dehydrated
- UT:** Uneven Texture
- HP:** Hyperpigmentation
- KP:** Keratosis Pilaris
- IH:** Ingrown Hairs
- LE:** Loss Of Elasticity
- ST:** Scar Tissue
- BC:** Broken Capillaries
- C:** Cellulite
- SM:** Stretch Marks
- FR:** Fluid Retention
- T:** Tattoo

NOTES:

Bra Line

Arms

Abdomen

Buttocks & Hips

Front Of Legs

Back Of Legs

BODY CONTOURING

Measurement Guide



Upper Arm:

Wrap the tape measure around the widest part of the upper arm.

Waist:

Use the measuring tape to circle the waist (like a belt) at the client's natural waistline, which is located above the belly button and below the rib cage. (If you bend to the side, the crease that forms is your natural waistline).

Midsection:

Measure the circumference of the fullest part of the stomach. Wrap the tape measure around just below the belly button. Advise clients not to suck in; this will give a false reading.

Hips/Buttocks:

Start at one hip and wrap the tape measure around the rear, around the other hip, and back to where you started. Make sure the tape is over the largest part of the buttocks.

Thigh:

Measure the circumference of the fullest part of the thigh. Wrap the tape measure around the thigh from front to back and then around to the front.



BODY CONTOURING & RF TREATMENT

CLIENT CONSENT & TREATMENT PERFORMED

CLIENT CONSENT TREATMENT 1

Client Full Printed Name _____

Client Signature _____ Date _____

Witness Signature _____ Date _____

CLINICIAN USE ONLY

CIRCUMFERENCE MEASUREMENTS CALLIPER MEASUREMENTS

Waist _____ cm	L Thigh _____ cm	Waist _____ mm	L Thigh _____ mm
Midsection _____ cm	R Thigh _____ cm	Midsection _____ mm	R Thigh _____ mm
Hip _____ cm	R Arm _____ cm	Hip _____ mm	R Arm _____ mm
L Knee _____ cm	L Arm _____ cm	L Knee _____ mm	L Arm _____ mm
R Knee _____ cm	Bra Line _____ cm	R Knee _____ mm	Bra Line _____ mm

CLINICIAN USE ONLY

PHOTOS TAKEN & FILED

TREATMENT PERFORMED 1

Radio Frequency	Ultrasound BC	Sonophoresis	Vacuum Suction	Notes
Level : Energy : Handpiece: 8mm 32mm Areas Treated: Number of A5 sections treated:	Level : Energy : Handpiece: 40 K 1M Areas Treated: Number of A5 sections treated:	Level : Energy : Areas Treated: Product Used:	Level :	



BODY CONTOURING & RF TREATMENT PRODUCT PRESCRIPTION

CLINICIAN USE ONLY

SKIN CARE PRESCRIPTION

1

Large empty rectangular box with a dotted border for skin care prescription notes.

CLINICIAN USE ONLY

BODY CARE PRESCRIPTION

Large empty rectangular box with a solid border for body care prescription notes.

CLINICIAN USE ONLY

LIFESTYLE PRESCRIPTION

Large empty rectangular box with a solid border for lifestyle prescription notes.



BODY CONTOURING & RF TREATMENT

CLIENT CONSENT & TREATMENT PERFORMED

CLIENT CONSENT

TREATMENT 2

Client Full Printed Name _____

Client Signature _____ Date _____

Witness Signature _____ Date _____

CLINICIAN USE ONLY

CIRCUMFERENCE MEASUREMENTS

CALLIPER MEASUREMENTS

Waist _____ cm	L Thigh _____ cm	Waist _____ mm	L Thigh _____ mm
Midsection _____ cm	R Thigh _____ cm	Midsection _____ mm	R Thigh _____ mm
Hip _____ cm	R Arm _____ cm	Hip _____ mm	R Arm _____ mm
L Knee _____ cm	L Arm _____ cm	L Knee _____ mm	L Arm _____ mm
R Knee _____ cm	Bra Line _____ cm	R Knee _____ mm	Bra Line _____ mm

CLINICIAN USE ONLY

PHOTOS TAKEN & FILED

TREATMENT PERFORMED

2

Radio Frequency	Ultrasound BC	Sonophoresis	Vacuum Suction	Notes
Level : Energy : Handpiece: 8mm 32mm Areas Treated: Number of A5 sections treated:	Level : Energy : Handpiece: 40 K 1M Areas Treated: Number of A5 sections treated:	Level : Energy : Areas Treated: Product Used:	Level :	



BODY CONTOURING & RF TREATMENT PRODUCT PRESCRIPTION

CLINICIAN USE ONLY

SKIN CARE PRESCRIPTION

2

Blank area for skin care prescription.

CLINICIAN USE ONLY

BODY CARE PRESCRIPTION

Blank area for body care prescription.

CLINICIAN USE ONLY

LIFESTYLE PRESCRIPTION

Blank area for lifestyle prescription.



BODY CONTOURING & RF TREATMENT

CLIENT CONSENT & TREATMENT PERFORMED

CLIENT CONSENT

TREATMENT 2

Client Full Printed Name _____

Client Signature _____ Date _____

Witness Signature _____ Date _____

CLINICIAN USE ONLY

CIRCUMFERENCE MEASUREMENTS

CALLIPER MEASUREMENTS

Waist _____ cm	L Thigh _____ cm	Waist _____ mm	L Thigh _____ mm
Midsection _____ cm	R Thigh _____ cm	Midsection _____ mm	R Thigh _____ mm
Hip _____ cm	R Arm _____ cm	Hip _____ mm	R Arm _____ mm
L Knee _____ cm	L Arm _____ cm	L Knee _____ mm	L Arm _____ mm
R Knee _____ cm	Bra Line _____ cm	R Knee _____ mm	Bra Line _____ mm

CLINICIAN USE ONLY

PHOTOS TAKEN & FILED

TREATMENT PERFORMED

2

Radio Frequency	Ultrasound BC	Sonophoresis	Vacuum Suction	Notes
-----------------	---------------	--------------	----------------	-------

Level : Energy : Handpiece: 8mm 32mm Areas Treated: Number of A5 sections treated:	Level : Energy : Handpiece: 40 K 1M Areas Treated: Number of A5 sections treated:	Level : Energy : Areas Treated: Product Used:	Level :	
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BODY CONTOURING & RF TREATMENT PRODUCT PRESCRIPTION

CLINICIAN USE ONLY

SKIN CARE PRESCRIPTION

2

Large empty rectangular box with a dotted border for skin care prescription notes.

CLINICIAN USE ONLY

BODY CARE PRESCRIPTION

Large empty rectangular box with a solid border for body care prescription notes.

CLINICIAN USE ONLY

LIFESTYLE PRESCRIPTION

Large empty rectangular box with a solid border for lifestyle prescription notes.



BODY CONTOURING & RF TREATMENT

CLIENT CONSENT & TREATMENT PERFORMED

CLIENT CONSENT TREATMENT 3

Client Full Printed Name _____

Client Signature _____ Date _____

Witness Signature _____ Date _____

CLINICIAN USE ONLY

CIRCUMFERENCE MEASUREMENTS CALLIPER MEASUREMENTS

Waist _____ cm	L Thigh _____ cm	Waist _____ mm	L Thigh _____ mm
Midsection _____ cm	R Thigh _____ cm	Midsection _____ mm	R Thigh _____ mm
Hip _____ cm	R Arm _____ cm	Hip _____ mm	R Arm _____ mm
L Knee _____ cm	L Arm _____ cm	L Knee _____ mm	L Arm _____ mm
R Knee _____ cm	Bra Line _____ cm	R Knee _____ mm	Bra Line _____ mm

CLINICIAN USE ONLY

PHOTOS TAKEN & FILED

TREATMENT PERFORMED 3

Radio Frequency	Ultrasound BC	Sonophoresis	Vacuum Suction	Notes
Level : Energy : Handpiece: 8mm 32mm Areas Treated: Number of A5 sections treated:	Level : Energy : Handpiece: 40 K 1M Areas Treated: Number of A5 sections treated:	Level : Energy : Areas Treated: Product Used:	Level :	



BODY CONTOURING & RF TREATMENT PRODUCT PRESCRIPTION

CLINICIAN USE ONLY

SKIN CARE PRESCRIPTION

3

Large empty rectangular box with a dotted border, intended for skin care prescription notes.

CLINICIAN USE ONLY

BODY CARE PRESCRIPTION

Large empty rectangular box with a solid border, intended for body care prescription notes.

CLINICIAN USE ONLY

LIFESTYLE PRESCRIPTION

Large empty rectangular box with a solid border, intended for lifestyle prescription notes.



BODY CONTOURING & RF TREATMENT

CLIENT CONSENT & TREATMENT PERFORMED

CLIENT CONSENT

TREATMENT 4

Client Full Printed Name _____

Client Signature _____ Date _____

Witness Signature _____ Date _____

CLINICIAN USE ONLY

CIRCUMFERENCE MEASUREMENTS

CALLIPER MEASUREMENTS

Waist _____ cm	L Thigh _____ cm	Waist _____ mm	L Thigh _____ mm
Midsection _____ cm	R Thigh _____ cm	Midsection _____ mm	R Thigh _____ mm
Hip _____ cm	R Arm _____ cm	Hip _____ mm	R Arm _____ mm
L Knee _____ cm	L Arm _____ cm	L Knee _____ mm	L Arm _____ mm
R Knee _____ cm	Bra Line _____ cm	R Knee _____ mm	Bra Line _____ mm

CLINICIAN USE ONLY

PHOTOS TAKEN & FILED

TREATMENT PERFORMED

4

Radio Frequency	Ultrasound BC	Sonophoresis	Vacuum Suction	Notes
-----------------	---------------	--------------	----------------	-------

Level : Energy : Handpiece: 8mm 32mm Areas Treated: Number of A5 sections treated:	Level : Energy : Handpiece: 40 K 1M Areas Treated: Number of A5 sections treated:	Level : Energy : Areas Treated: Product Used:	Level :	
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BODY CONTOURING & RF TREATMENT PRODUCT PRESCRIPTION

CLINICIAN USE ONLY

SKIN CARE PRESCRIPTION

4

Blank area for skin care prescription.

CLINICIAN USE ONLY

BODY CARE PRESCRIPTION

Blank area for body care prescription.

CLINICIAN USE ONLY

LIFESTYLE PRESCRIPTION

Blank area for lifestyle prescription.



BODY CONTOURING & RF TREATMENT

CLIENT CONSENT & TREATMENT PERFORMED

CLIENT CONSENT TREATMENT 5

Client Full Printed Name _____

Client Signature _____ Date _____

Witness Signature _____ Date _____

CLINICIAN USE ONLY

CIRCUMFERENCE MEASUREMENTS CALLIPER MEASUREMENTS

Waist _____ cm	L Thigh _____ cm	Waist _____ mm	L Thigh _____ mm
Midsection _____ cm	R Thigh _____ cm	Midsection _____ mm	R Thigh _____ mm
Hip _____ cm	R Arm _____ cm	Hip _____ mm	R Arm _____ mm
L Knee _____ cm	L Arm _____ cm	L Knee _____ mm	L Arm _____ mm
R Knee _____ cm	Bra Line _____ cm	R Knee _____ mm	Bra Line _____ mm

CLINICIAN USE ONLY

PHOTOS TAKEN & FILED

TREATMENT PERFORMED 5

Radio Frequency	Ultrasound BC	Sonophoresis	Vacuum Suction	Notes
Level : Energy : Handpiece: 8mm 32mm Areas Treated: Number of A5 sections treated:	Level : Energy : Handpiece: 40 K 1M Areas Treated: Number of A5 sections treated:	Level : Energy : Areas Treated: Product Used:	Level :	



BODY CONTOURING & RF TREATMENT PRODUCT PRESCRIPTION

CLINICIAN USE ONLY

SKIN CARE PRESCRIPTION

5

Large empty rectangular box with a dotted border for skin care prescription notes.

CLINICIAN USE ONLY

BODY CARE PRESCRIPTION

Large empty rectangular box with a solid border for body care prescription notes.

CLINICIAN USE ONLY

LIFESTYLE PRESCRIPTION

Large empty rectangular box with a solid border for lifestyle prescription notes.



BODY CONTOURING & RF TREATMENT

CLIENT CONSENT & TREATMENT PERFORMED

CLIENT CONSENT TREATMENT 6

Client Full Printed Name _____

Client Signature _____ Date _____

Witness Signature _____ Date _____

CLINICIAN USE ONLY

CIRCUMFERENCE MEASUREMENTS CALLIPER MEASUREMENTS

Waist _____ cm	L Thigh _____ cm	Waist _____ mm	L Thigh _____ mm
Midsection _____ cm	R Thigh _____ cm	Midsection _____ mm	R Thigh _____ mm
Hip _____ cm	R Arm _____ cm	Hip _____ mm	R Arm _____ mm
L Knee _____ cm	L Arm _____ cm	L Knee _____ mm	L Arm _____ mm
R Knee _____ cm	Bra Line _____ cm	R Knee _____ mm	Bra Line _____ mm

CLINICIAN USE ONLY

PHOTOS TAKEN & FILED

TREATMENT PERFORMED 6

Radio Frequency	Ultrasound BC	Sonophoresis	Vacuum Suction	Notes
Level : Energy : Handpiece: 8mm 32mm Areas Treated: Number of A5 sections treated:	Level : Energy : Handpiece: 40 K 1M Areas Treated: Number of A5 sections treated:	Level : Energy : Areas Treated: Product Used:	Level :	



BODY CONTOURING & RF TREATMENT PRODUCT PRESCRIPTION

CLINICIAN USE ONLY

SKIN CARE PRESCRIPTION

6

Blank area for skin care prescription.

CLINICIAN USE ONLY

BODY CARE PRESCRIPTION

Blank area for body care prescription.

CLINICIAN USE ONLY

LIFESTYLE PRESCRIPTION

Blank area for lifestyle prescription.



BODY CONTOURING & RF TREATMENT

CLIENT CONSENT & TREATMENT PERFORMED

CLIENT CONSENT TREATMENT 7

Client Full Printed Name _____

Client Signature _____ Date _____

Witness Signature _____ Date _____

CLINICIAN USE ONLY

CIRCUMFERENCE MEASUREMENTS CALLIPER MEASUREMENTS

Waist _____ cm	L Thigh _____ cm	Waist _____ mm	L Thigh _____ mm
Midsection _____ cm	R Thigh _____ cm	Midsection _____ mm	R Thigh _____ mm
Hip _____ cm	R Arm _____ cm	Hip _____ mm	R Arm _____ mm
L Knee _____ cm	L Arm _____ cm	L Knee _____ mm	L Arm _____ mm
R Knee _____ cm	Bra Line _____ cm	R Knee _____ mm	Bra Line _____ mm

CLINICIAN USE ONLY

PHOTOS TAKEN & FILED

TREATMENT PERFORMED 7

Radio Frequency	Ultrasound BC	Sonophoresis	Vacuum Suction	Notes
Level : Energy : Handpiece: 8mm 32mm Areas Treated: Number of A5 sections treated:	Level : Energy : Handpiece: 40 K 1M Areas Treated: Number of A5 sections treated:	Level : Energy : Areas Treated: Product Used:	Level :	



BODY CONTOURING & RF TREATMENT PRODUCT PRESCRIPTION

CLINICIAN USE ONLY

SKIN CARE PRESCRIPTION

7

Large empty rectangular box with a dotted border for skin care prescription notes.

CLINICIAN USE ONLY

BODY CARE PRESCRIPTION

Large empty rectangular box with a solid border for body care prescription notes.

CLINICIAN USE ONLY

LIFESTYLE PRESCRIPTION

Large empty rectangular box with a solid border for lifestyle prescription notes.



BODY CONTOURING & RF TREATMENT

CLIENT CONSENT & TREATMENT PERFORMED

CLIENT CONSENT

TREATMENT 8

Client Full Printed Name _____

Client Signature _____ Date _____

Witness Signature _____ Date _____

CLINICIAN USE ONLY

CIRCUMFERENCE MEASUREMENTS

CALLIPER MEASUREMENTS

Waist _____ cm	L Thigh _____ cm	Waist _____ mm	L Thigh _____ mm
Midsection _____ cm	R Thigh _____ cm	Midsection _____ mm	R Thigh _____ mm
Hip _____ cm	R Arm _____ cm	Hip _____ mm	R Arm _____ mm
L Knee _____ cm	L Arm _____ cm	L Knee _____ mm	L Arm _____ mm
R Knee _____ cm	Bra Line _____ cm	R Knee _____ mm	Bra Line _____ mm

CLINICIAN USE ONLY

PHOTOS TAKEN & FILED

TREATMENT PERFORMED

8

Radio Frequency	Ultrasound BC	Sonophoresis	Vacuum Suction	Notes
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Level : Energy : Handpiece: 8mm 32mm Areas Treated: Number of A5 sections treated:	Level : Energy : Handpiece: 40 K 1M Areas Treated: Number of A5 sections treated:	Level : Energy : Areas Treated: Product Used:	Level :	
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BODY CONTOURING & RF TREATMENT PRODUCT PRESCRIPTION

CLINICIAN USE ONLY

SKIN CARE PRESCRIPTION

8

Large empty rectangular box with a dotted border for skin care prescription notes.

CLINICIAN USE ONLY

BODY CARE PRESCRIPTION

Large empty rectangular box with a solid border for body care prescription notes.

CLINICIAN USE ONLY

LIFESTYLE PRESCRIPTION

Large empty rectangular box with a solid border for lifestyle prescription notes.



BODY CONTOURING & RF TREATMENT

CLIENT CONSENT & TREATMENT PERFORMED

CLIENT CONSENT TREATMENT 9

Client Full Printed Name _____

Client Signature _____ Date _____

Witness Signature _____ Date _____

CLINICIAN USE ONLY

CIRCUMFERENCE MEASUREMENTS CALLIPER MEASUREMENTS

Waist _____ cm	L Thigh _____ cm	Waist _____ mm	L Thigh _____ mm
Midsection _____ cm	R Thigh _____ cm	Midsection _____ mm	R Thigh _____ mm
Hip _____ cm	R Arm _____ cm	Hip _____ mm	R Arm _____ mm
L Knee _____ cm	L Arm _____ cm	L Knee _____ mm	L Arm _____ mm
R Knee _____ cm	Bra Line _____ cm	R Knee _____ mm	Bra Line _____ mm

CLINICIAN USE ONLY

PHOTOS TAKEN & FILED

TREATMENT PERFORMED 9

Radio Frequency	Ultrasound BC	Sonophoresis	Vacuum Suction	Notes
Level : Energy : Handpiece: 8mm 32mm Areas Treated: Number of A5 sections treated:	Level : Energy : Handpiece: 40 K 1M Areas Treated: Number of A5 sections treated:	Level : Energy : Areas Treated: Product Used:	Level :	



BODY CONTOURING & RF TREATMENT PRODUCT PRESCRIPTION

CLINICIAN USE ONLY

SKIN CARE PRESCRIPTION

9

Large empty rectangular box with a dotted border, intended for skin care prescription notes.

CLINICIAN USE ONLY

BODY CARE PRESCRIPTION

Large empty rectangular box with a solid border, intended for body care prescription notes.

CLINICIAN USE ONLY

LIFESTYLE PRESCRIPTION

Large empty rectangular box with a solid border, intended for lifestyle prescription notes.



BODY CONTOURING & RF TREATMENT

CLIENT CONSENT & TREATMENT PERFORMED

CLIENT CONSENT TREATMENT 10

Client Full Printed Name _____

Client Signature _____ Date _____

Witness Signature _____ Date _____

CLINICIAN USE ONLY

CIRCUMFERENCE MEASUREMENTS CALLIPER MEASUREMENTS

Waist _____ cm	L Thigh _____ cm	Waist _____ mm	L Thigh _____ mm
Midsection _____ cm	R Thigh _____ cm	Midsection _____ mm	R Thigh _____ mm
Hip _____ cm	R Arm _____ cm	Hip _____ mm	R Arm _____ mm
L Knee _____ cm	L Arm _____ cm	L Knee _____ mm	L Arm _____ mm
R Knee _____ cm	Bra Line _____ cm	R Knee _____ mm	Bra Line _____ mm

CLINICIAN USE ONLY

PHOTOS TAKEN & FILED

TREATMENT PERFORMED 10

Radio Frequency	Ultrasound BC	Sonophoresis	Vacuum Suction	Notes
Level : Energy : Handpiece: 8mm 32mm Areas Treated: Number of A5 sections treated:	Level : Energy : Handpiece: 40 K 1M Areas Treated: Number of A5 sections treated:	Level : Energy : Areas Treated: Product Used:	Level :	



BODY CONTOURING & RF TREATMENT PRODUCT PRESCRIPTION

CLINICIAN USE ONLY

SKIN CARE PRESCRIPTION

10

Large empty rectangular box with a dotted border for skin care prescription notes.

CLINICIAN USE ONLY

BODY CARE PRESCRIPTION

Large empty rectangular box with a solid border for body care prescription notes.

CLINICIAN USE ONLY

LIFESTYLE PRESCRIPTION

Large empty rectangular box with a solid border for lifestyle prescription notes.



BODY CONTOURING & RF TREATMENT

CLIENT CONSENT & TREATMENT PERFORMED

CLIENT CONSENT TREATMENT 11

Client Full Printed Name _____

Client Signature _____ Date _____

Witness Signature _____ Date _____

CLINICIAN USE ONLY

CIRCUMFERENCE MEASUREMENTS CALLIPER MEASUREMENTS

Waist _____ cm	L Thigh _____ cm	Waist _____ mm	L Thigh _____ mm
Midsection _____ cm	R Thigh _____ cm	Midsection _____ mm	R Thigh _____ mm
Hip _____ cm	R Arm _____ cm	Hip _____ mm	R Arm _____ mm
L Knee _____ cm	L Arm _____ cm	L Knee _____ mm	L Arm _____ mm
R Knee _____ cm	Bra Line _____ cm	R Knee _____ mm	Bra Line _____ mm

CLINICIAN USE ONLY

PHOTOS TAKEN & FILED

TREATMENT PERFORMED 11

Radio Frequency	Ultrasound BC	Sonophoresis	Vacuum Suction	Notes
Level : Energy : Handpiece: 8mm 32mm Areas Treated: Number of A5 sections treated:	Level : Energy : Handpiece: 40 K 1M Areas Treated: Number of A5 sections treated:	Level : Energy : Areas Treated: Product Used:	Level :	



BODY CONTOURING & RF TREATMENT PRODUCT PRESCRIPTION

CLINICIAN USE ONLY

SKIN CARE PRESCRIPTION

11

Large empty rectangular box for skin care prescription notes.

CLINICIAN USE ONLY

BODY CARE PRESCRIPTION

Large empty rectangular box for body care prescription notes.

CLINICIAN USE ONLY

LIFESTYLE PRESCRIPTION

Large empty rectangular box for lifestyle prescription notes.



BODY CONTOURING & RF TREATMENT

CLIENT CONSENT & TREATMENT PERFORMED

CLIENT CONSENT

TREATMENT 12

Client Full Printed Name _____

Client Signature _____ Date _____

Witness Signature _____ Date _____

CLINICIAN USE ONLY

CIRCUMFERENCE MEASUREMENTS

CALLIPER MEASUREMENTS

Waist _____ cm	L Thigh _____ cm	Waist _____ mm	L Thigh _____ mm
Midsection _____ cm	R Thigh _____ cm	Midsection _____ mm	R Thigh _____ mm
Hip _____ cm	R Arm _____ cm	Hip _____ mm	R Arm _____ mm
L Knee _____ cm	L Arm _____ cm	L Knee _____ mm	L Arm _____ mm
R Knee _____ cm	Bra Line _____ cm	R Knee _____ mm	Bra Line _____ mm

CLINICIAN USE ONLY

PHOTOS TAKEN & FILED

TREATMENT PERFORMED

12

Radio Frequency	Ultrasound BC	Sonophoresis	Vacuum Suction	Notes
Level : Energy : Handpiece: 8mm 32mm Areas Treated: Number of A5 sections treated:	Level : Energy : Handpiece: 40 K 1M Areas Treated: Number of A5 sections treated:	Level : Energy : Areas Treated: Product Used:	Level :	



BODY CONTOURING & RF TREATMENT PRODUCT PRESCRIPTION

CLINICIAN USE ONLY

SKIN CARE PRESCRIPTION

12

Large empty rectangular box with a dotted border for skin care prescription notes.

CLINICIAN USE ONLY

BODY CARE PRESCRIPTION

Large empty rectangular box with a solid border for body care prescription notes.

CLINICIAN USE ONLY

LIFESTYLE PRESCRIPTION

Large empty rectangular box with a solid border for lifestyle prescription notes.