

# Your Personalized Skin Plan

A complete roadmap to your skin goals, designed exclusively for you by your provider.

<b>CLIENT NAME</b>	<b>DATE</b>	
<b>PROVIDER</b>	<b>PLAN DURATION</b>	

## Your Skin Goals

Document the specific outcomes the client wants to achieve through this plan.

**PRIMARY CONCERN:** \_\_\_\_\_

**SECONDARY CONCERN:**  
\_\_\_\_\_

**LONG-TERM GOAL:** \_\_\_\_\_

**TIMELINE:** \_\_\_\_\_

## Your 12-Month Treatment Plan

Each treatment is sequenced and timed for optimal results. Spacing matters as much as the treatments themselves.

MONTH	TREATMENT	PROVIDER	INVESTMENT
1			
2			
3			
4			
5			
6			
7			

8			
9			
10			
11			
12			
<b>PLAN TOTAL</b>			\$

### Home Care Protocol

Your skin plan is 20% in-clinic and 80% at home. The home care routine below is non-negotiable.

#### Morning Routine

- Cleanser: \_\_\_\_\_
- Antioxidant serum: \_\_\_\_\_
- Moisturizer: \_\_\_\_\_
- SPF 50+ (every single morning): \_\_\_\_\_

#### Evening Routine

- Cleanser: \_\_\_\_\_
- Active treatment: \_\_\_\_\_
- Moisturizer: \_\_\_\_\_
- Targeted treatment: \_\_\_\_\_

### Payment Plan

<b>PAYMENT STRUCTURE</b>	
<b>MONTHLY AMOUNT</b>	\$ _____ per month
<b>PAYMENT METHOD</b>	<i>(Affirm / CareCredit / Cherry / Pay in Full)</i>
<b>PLAN EXPIRES</b>	

