

PROCEDURE CHART NOTES

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Procedure Date: \_\_\_\_\_

Fee	\$ _____	Method of payment: _____
Area Treated	<input type="checkbox"/> Eyeliner <input type="checkbox"/> Eyebrows <input type="checkbox"/> Lip liner <input type="checkbox"/> Full Lip Color <input type="checkbox"/> Lip Liner with Blending	<input type="checkbox"/> Touch up <input type="checkbox"/> Beauty Mark <input type="checkbox"/> OTHER: _____
Anesthetic Used	Unbroken skin: _____	Broken skin: _____
Pigment	Color (s) _____ Mfgr _____	Lot Number _____ Lot Number _____
Tool / Needle Size	Needle Size _____ Sterilized Needles opened: ( <i>client initial</i> ) _____	
Before Photo Taken	<input type="checkbox"/> Yes	
After Photo Taken	<input type="checkbox"/> Yes	
Procedure Notes	<input type="checkbox"/> No complications noted Bleeding? _____ Swelling? _____ Bruising? _____ Pain? _____ Watery eyes? _____ OTHER: _____ _____ _____	



Follow up appointment date \_\_\_\_\_

Procedure Date: \_\_\_\_\_

Fee	\$ _____	Method of payment: _____
Area Treated	<input type="checkbox"/> Eyeliner <input type="checkbox"/> Eyebrows <input type="checkbox"/> Lip liner <input type="checkbox"/> Full Lip Color <input type="checkbox"/> Lip Liner with Blending	<input type="checkbox"/> Touch up <input type="checkbox"/> Beauty Mark <input type="checkbox"/> OTHER: _____
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Follow up appointment date \_\_\_\_\_