

## SKIN REPS · CLIENT PLAN

# Your Personalized Skin Plan

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

CLIENT NAME

DATE

PROVIDER

PLAN DURATION

## 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>		<b>\$</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

PAYMENT STRUCTURE \_\_\_\_\_

MONTHLY AMOUNT \$ PER MONTH \_\_\_\_\_

PAYMENT METHOD (AFFIRM / CARECREDIT / CHERRY / PAY IN FULL) \_\_\_\_\_

PLAN EXPIRES \_\_\_\_\_

## Provider Notes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Client Acknowledgment

By signing below, you commit to following this plan as designed, attending scheduled appointments, and using prescribed home care to achieve your skin goals.

CLIENT SIGNATURE

DATE

---

PROVIDER SIGNATURE

DATE

---