# LEMEDSPA

PRIVATE · INTIMATE · EXCLUSIVE

**TREATMENT RECORD** FRONT

Source of truth for the AR procedure record & wallet deduction

| CLIENT NAME | DOB / AR ID | DATE | PROVIDER | ROOM |
|---|---|---|---|---|
| | | | | |

## FACIALS & PEELS

- ☐ **Diamond Glow** # ____
- ☐ **LeMed Custom Facial** # ____
- ☐ **PRX** ☐ Face ☐ Face+Neck ☐ Face Neck Chest ☐ Arms+Hands ☐ Tummy [☐ Derm Perfection ☐ Plus] # ____
- ☐ **Under Eye Peel** [☐ Std ☐ Deluxe] # ____
- ☐ **Glass Skin Detox** # ____
- ☐ **Mini Facial** # ____
- ☐ **Hydrafacial** [☐ Std ☐ Deluxe ☐ Keravive] # ____
- ☐ **Lifting Facial** # ____
- ☐ **Salt Facial** # ____

## SKIN RESURFACE & TIGHTEN

- ☐ **Xerf** # ____
- ☐ **Sofwave** ☐ Face ☐ Face+Neck # ____
- ☐ **BB Ultra** ☐ Face (Full) ☐ Neck+Jaw ☐ Everything # ____
- ☐ **AP / Accent Prime** ☐ Tummy ☐ Stomach ☐ Full Arms ☐ Skin/Muscle # ____
- ☐ **NeoLift** ☐ Eye ☐ Eye Btm ☐ Face+Neck ☐ Hands [☐ Wet ☐ Dry] # ____
- ☐ **Sofwave Xerf Combo** ☐ Booty ☐ Thighs/Knees # ____
- ☐ **Titanium** ☐ Neck+Décolleté # ____

## LASER & LIGHT

- ☐ **PicoSure Pro** ☐ Face ☐ Face (partial) ☐ Face Neck Chest [☐ Pigment ☐ Rejuvenate ☐ Tattoo Sm ☐ Tattoo Lg] # ____
- ☐ **Adva Light** ☐ Full Face ☐ Face+Neck ☐ Face Neck Décolleté ☐ Neck # ____
- ☐ **Titanium Glow** ☐ Face ☐ Face+Neck # ____
- ☐ **Trighten Lift** # ____
- ☐ **Laser Hair Removal** ☐ Underarms ☐ Brazilian ☐ Bikini ☐ Upper Arms ☐ Upper Lip ☐ Neck ☐ Full Legs ☐ Back ☐ Shoulders # ____

## MICRONEEDLING

- ☐ **EZ Gel PRF** ☐ Under Eyes ☐ Full Face # ____
- ☐ **Sylfirm X** ☐ Face ☐ Neck ☐ Jaw+Neck ☐ Face+Neck # ____
- ☐ **SkinPen** # ____

## BODY SCULPTING

- ☐ **NueraTight** # ____
- ☐ **Body Combo (Venus + Physiq)** # ____
- ☐ **Physiq** ☐ Generic ☐ Arms ☐ Booty ☐ Tummy ☐ Knee+Thigh # ____
- ☐ **K Wave** ☐ Tummy ☐ AP Combo # ____

## INJECTABLES

- ☐ **Neurotoxin** [☐ Botox ☐ Dysport ☐ Other] → *detail on back* units ____
- ☐ **Filler / Biostimulator** [☐ Volbella ☐ Voluma ☐ Restylane Kysse ☐ Sculptra ☐ Skir

## WEIGHT LOSS · IV · ADD-ONS

- ☐ **Weight Loss Shot** [☐ Tirzepatide ☐ Semaglutide] mg ____
- ☐ **IV Therapy** [☐ Natural Defense ☐ Fountain of Youth]
- ☐ **Add-On Booster** [☐ Exosome ☐ Salmon Sperm ☐ CO2 Lift ☐ Tension Release]
- ☐ **Permanent Makeup** [☐ Brow Shading ☐ Eyeliner ☐ 4wk Touch-Up]

## OTHER / NOT LISTED

- ☐ write treatment + area # ____
- ☐ # ____
- ☐ # ____

**QUICK NOTES**

**FRONT DESK USE ONLY**

☐ Posted to AR procedure record ☐ Wallet checked & deducted ☐ No package — charged Initials _____ Date _____

Tick the treatment, tick the area, write the number of sessions. Leave payment to the front desk. **Injectables, device settings and sign-off are on the back.**

33 families ≈ 97% of 12-mo activity

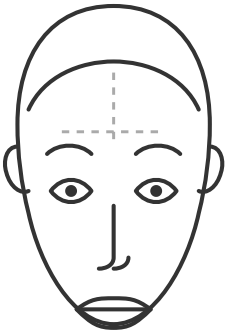
**LEMEDSPA**

Client _____ Date _____

## NEUROTOXIN

mark the diagram, write units per area

☐ Botox ☐ Dysport ☐ Other _____ TOTAL UNITS _____ DILUTION _____



MARK INJECTION POINTS · WRITE UNITS BESIDE EACH

Glabella _____ Forehead _____

Crow's Feet _____ Bunny _____

Lip Flip _____ DAO _____

Chin _____ Masseter _____

Neck _____ Other _____

## PRODUCT / LOT TRACEABILITY

required for any injectable or biologic

| PRODUCT | LOT # | EXPIRY | AMOUNT (U / CC) | AREA | INJECTOR |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

## DEVICE SETTINGS

only if a device was used

| DEVICE | AREA | LEVEL / ENERGY | PASSES | TIP / SPOT | ENDPOINT |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

**NOTES · ADVERSE EVENTS · POST-CARE GIVEN**

| PROVIDER SIGNATURE | TIME IN / OUT | NEXT APPOINTMENT / PLAN |
|---|---|---|
| | | |

## FRONT DESK — WALLET RECONCILIATION

what was actually deducted

| WALLET ITEM DEDUCTED | UNITS TAKEN | UNITS REMAINING | CHARGED INSTEAD (AMOUNT / METHOD) |
|---|---|---|---|
| | | | |
| | | | |

Front side records **what** was done. This side records **how**, and closes the loop on the wallet.