

# TECHNICIAN NOTE PAGE

Date:

Client Name:

Price:

Area to be lightened \_\_\_\_\_

Describe what is to be lightened \_\_\_\_\_

\_\_\_\_\_

Before Picture Taken? \_\_\_\_\_

Anesthetic Used \_\_\_\_\_

Lightening Solution Used \_\_\_\_\_

Machine/Device Used \_\_\_\_\_

Needle Used \_\_\_\_\_

Technique(s) Used and How Many Passes \_\_\_\_\_

\_\_\_\_\_

Additional Detailed Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Aftercare Explained and Given To Client \_\_\_\_\_