Chemical Peel Treatment Record

Date: _____ dd / mm / yyyy No. Treatment: _____

Skin Concern

Improvement from previous treatment

Products used

Peel Strength: _____ Amount (ml): _____

Passes (x passes): _____ Time (mins): _____

Skin Reaction

Aftercare

Products applied

Practitioners Signature:

Date: _____ dd / mm / yyyy Time: _____