

RECOMMENDED SUPPORT HOMECARE

Product selection may vary under physician's discretion depending on the skin type of each patient. Complementary products should be added to address specific concerns.

	PRIME <i>3-15 days pre procedure</i>	RECOVER <i>3-15 days post procedure</i>	MAINTAIN & ENHANCE <i>15+ days post procedure</i>
Injectables	(N/A)	(N/A)	<ul style="list-style-type: none"> • C E Ferulic® • Retexturing Activator® • Retinol 0.5 or 1.0 • Physical Fusion UV Defense SPF 50
Medium or Deep Peels for Photodamage	<ul style="list-style-type: none"> • LHA Cleansing Gel • LHA Solution • C E Ferulic® • Physical Fusion UV Defense SPF 50 	<ul style="list-style-type: none"> • Gentle Cleanser • Phyto Corrective Gel • Epidermal Repair • Physical UV Defense SPF 30 	<ul style="list-style-type: none"> • C E Ferulic® • Pigment Regulator • Retinol 0.5 or 1.0 • Physical UV Defense SPF 30
Laser Treatment for Hyperpigmentation	<ul style="list-style-type: none"> • LHA Cleansing Gel • Phloretin CF® • Pigment Regulator • Physical Fusion UV Defense SPF 50 	<ul style="list-style-type: none"> • Gentle Cleanser • C E Ferulic® • Phyto Corrective Gel • Epidermal Repair • Physical UV Defense SPF 30 	<ul style="list-style-type: none"> • Phloretin CF® • Pigment Regulator • Physical Fusion UV Defense SPF 50
Laser Treatment for Laxity	<ul style="list-style-type: none"> • LHA Cleansing Gel • C E Ferulic® • Retexturing Activator® • Physical UV Defense SPF 30 	<ul style="list-style-type: none"> • Gentle Cleanser • C E Ferulic® • Phyto Corrective Gel • Epidermal Repair • Physical UV Defense SPF 30 	<ul style="list-style-type: none"> • C E Ferulic® • A.G.E. Interrupter • Physical UV Defense SPF 30
Laser Treatment for Acne	<ul style="list-style-type: none"> • LHA Cleansing Gel • LHA Solution • Blemish + Age Defense® • Sheer Physical UV Defense SPF 50 	<ul style="list-style-type: none"> • Gentle Cleanser • Phyto Corrective Gel • Epidermal Repair • Physical UV Defense SPF 30 	<ul style="list-style-type: none"> • Phloretin CF® • Blemish + Age Defense® • Sheer Physical UV Defense SPF 50
Vascular Laser	<ul style="list-style-type: none"> • Gentle Cleanser • C E Ferulic® • Redness Neutralizer • Physical UV Defense SPF 30 	<ul style="list-style-type: none"> • Gentle Cleanser • C E Ferulic® • Phyto Corrective Gel • Epidermal Repair • Physical UV Defense SPF 30 	<ul style="list-style-type: none"> • Gentle Cleanser • C E Ferulic® • Redness Neutralizer • Physical UV Defense SPF 30

PATIENT TREATMENT PLAN

NAME _____ DATE _____

PROCEDURE

- Injectable
- Medium or Deep Peel for Photodamage
- Laser for Laxity
- Laser for Hyperpigmentation
- Laser for Acne
- Vascular Laser
- Other: _____

APPOINTMENT DATES/NOTES

PROFESSIONAL TREATMENT

- Priming Treatment
- Recovery Treatment
- Maintain & Enhance Treatment
- Other: _____

APPOINTMENT DATES/NOTES

HOMECARE

		PRIME <small>3-15 days pre procedure</small>		RECOVER <small>3-15 days post procedure</small>		MAINTAIN & ENHANCE <small>15+ days post procedure</small>	
		AM	PM	AM	PM	AM	PM
CLEANSE & TONE	Gentle Cleanser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	LHA Cleansing Gel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	LHA Solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Simply Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREVENT	C E Ferulic®	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Phloretin CF® (serum or gel)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
CORRECT & MOISTURIZE	Antioxidant Lip Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A.G.E. Interrupter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Biocellulose Restorative Masque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Blemish + Age Defense®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Epidermal Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hydrating B ₅ Gel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phyto Corrective Gel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pigment Regulator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Redness Neutralizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Retexturing Activator®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Retinol (0.5 or 1.0)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
PROTECT	Physical Fusion UV Defense SPF 50	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Physical UV Defense SPF 30	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Sheer Physical UV Defense SPF 50	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
OTHER	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES _____
