## Progressive Treatment Record

<table>
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<tr>
<th>Date:</th>
<th>Skin Care Professional:</th>
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<tbody>
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### Specific Concerns:

- 

### Type of treatment:

- 

### Notes/Remarks:

- 

### Recommended Home Skin Care Products:

#### For Daytime:

- 

#### For Nighttime:

- 

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