

MY CUSTOMIZED

BLUE PRINT

FIRST NAME

LAST NAME

AGE

REFERRED BY

PHONE

EMAIL

ADDRESS

CITY

STATE

ZIP

AREA OF CONCERN:

DESIRED RESULT:

TREATMENTS/PROCEDURES:

TIMEFRAME:

AREA OF CONCERN:

DESIRED RESULT:

TREATMENTS/PROCEDURES:

AT HOME CARE:

TIMEFRAME:

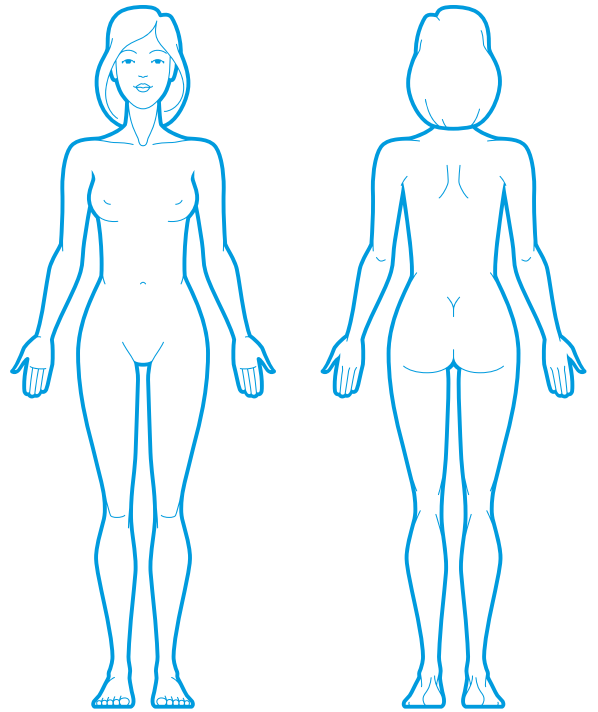
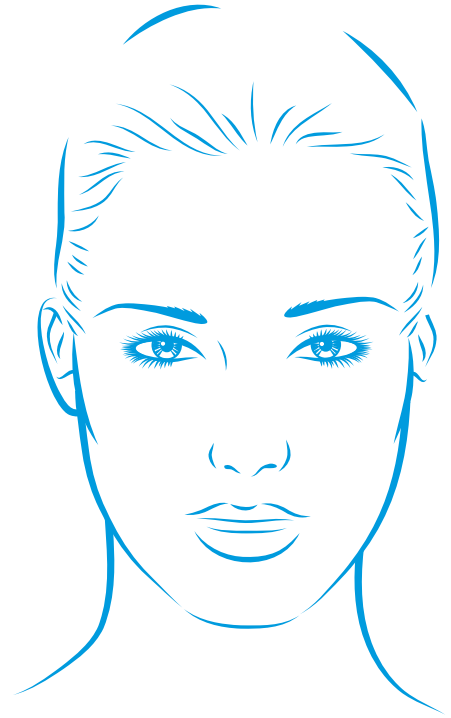
AREA OF CONCERN:

DESIRED RESULT:

TREATMENTS/PROCEDURES:

AT HOME CARE:

TIMEFRAME:



TREATMENT PLAN

WEEK 1 WEEK 2 WEEK 3 WEEK 4 WEEK 5 WEEK 6 WEEK 7 WEEK 8

WEEK 9 WEEK 10 WEEK 11 WEEK 12 WEEK 13 WEEK 14 WEEK 15 WEEK 16

WEEK 17 WEEK 18 WEEK 19 WEEK 20 WEEK 21 WEEK 22 WEEK 23 WEEK 24