

Client Information

Client Name:

Original Procedure Date:

Client ID:

Original Model:

Touch-Up Sessions

Date	Session Type	Areas Addressed	Pigment Used	Notes

Healing Assessment

Color retention:

☐ Excellent

☐ Good

☐ Fair

☐ Poor

Skin response:

☐ Normal

☐ Sensitive

☐ Oily migration

☐ Scarring

Shape integrity:

☐ Maintained

☐ Minor fading

☐ Needs adjustment

☐ Significant change

Client satisfaction:

☐ Very satisfied

☐ Satisfied

☐ Needs improvement

☐ Unsatisfied

Recommendations for Next Session

Next touch-up recommended:

Scheduled date: