

Name: _____

Month 1: _____

Evaluation: Photos front & back of Scalp Area / Photo with scope on areas to be treated

Treatment Dates: Initials

1: ___/___/___ : ___ 2: ___/___/___ : ___ 3: ___/___/___ : ___ 4: ___/___/___ : ___

5: ___/___/___ : ___ 6: ___/___/___ : ___ 7: ___/___/___ : ___ 8: ___/___/___ : ___

Comments:

Month 2: _____

Treatment Dates: Initials

1: ___/___/___ : ___ 2: ___/___/___ : ___ 3: ___/___/___ : ___ 4: ___/___/___ : ___

5: ___/___/___ : ___ 6: ___/___/___ : ___ 7: ___/___/___ : ___ 8: ___/___/___ : ___

Comments:

Month 3: _____

Evaluation: Photos front & back of Scalp Area / Photo with scope on areas to be treated

Treatment Dates: Initials

1: ___/___/___ : ___ 2: ___/___/___ : ___ 3: ___/___/___ : ___ 4: ___/___/___ : ___

5: ___/___/___ : ___ 6: ___/___/___ : ___ 7: ___/___/___ : ___ 8: ___/___/___ : ___

Comments:

Month 4: _____

Treatment Dates: Initials

1: ___/___/___ : ___ 2: ___/___/___ : ___ 3: ___/___/___ : ___ 4: ___/___/___ : ___

5: ___/___/___ : ___ 6: ___/___/___ : ___ 7: ___/___/___ : ___ 8: ___/___/___ : ___

Comments:

Month 5: _____

Treatment Dates: Initials

1: ___/___/___ : ___ 2: ___/___/___ : ___ 3: ___/___/___ : ___ 4: ___/___/___ : ___

5: ___/___/___ : ___ 6: ___/___/___ : ___ 7: ___/___/___ : ___ 8: ___/___/___ : ___

Comments:

Month 6: _____

Evaluation: Photos front & back of Scalp Area / Photo with scope on areas to be treated

Treatment Dates: Initials

1: ___/___/___ : ___ 2: ___/___/___ : ___ 3: ___/___/___ : ___ 4: ___/___/___ : ___

5: ___/___/___ : ___ 6: ___/___/___ : ___ 7: ___/___/___ : ___ 8: ___/___/___ : ___

Comments:

Month 7: _____

Treatment Dates: Initials

1: ___/___/___ : ___ 2: ___/___/___ : ___ 3: ___/___/___ : ___ 4: ___/___/___ : ___

5: ___/___/___ : ___ 6: ___/___/___ : ___ 7: ___/___/___ : ___ 8: ___/___/___ : ___

Comments:

Month 8: _____

Treatment Dates: Initials

1: ___/___/___ : ___ 2: ___/___/___ : ___ 3: ___/___/___ : ___ 4: ___/___/___ : ___

5: ___/___/___ : ___ 6: ___/___/___ : ___ 7: ___/___/___ : ___ 8: ___/___/___ : ___

Comments:

Month 9: _____

Treatment Dates: Initials

1: ___/___/___ : ___ 2: ___/___/___ : ___ 3: ___/___/___ : ___ 4: ___/___/___ : ___

5: ___/___/___ : ___ 6: ___/___/___ : ___ 7: ___/___/___ : ___ 8: ___/___/___ : ___

Comments:

Month 10: _____

Treatment Dates: Initials

1: ___/___/___ : ___ 2: ___/___/___ : ___ 3: ___/___/___ : ___ 4: ___/___/___ : ___

5: ___/___/___ : ___ 6: ___/___/___ : ___ 7: ___/___/___ : ___ 8: ___/___/___ : ___

Comments:

Month 11: _____

Treatment Dates: Initials

1: ___/___/___ : ___ 2: ___/___/___ : ___ 3: ___/___/___ : ___ 4: ___/___/___ : ___

5: ___/___/___ : ___ 6: ___/___/___ : ___ 7: ___/___/___ : ___ 8: ___/___/___ : ___

Comments:

Month 12: _____

Evaluation: Photos front & back of Scalp Area / Photo with scope on areas to be treated
Done at the end of Last Treatment.

Treatment Dates: Initials

1: ___/___/___ : ___ 2: ___/___/___ : ___ 3: ___/___/___ : ___ 4: ___/___/___ : ___

5: ___/___/___ : ___ 6: ___/___/___ : ___ 7: ___/___/___ : ___ 8: ___/___/___ : ___

Comments: