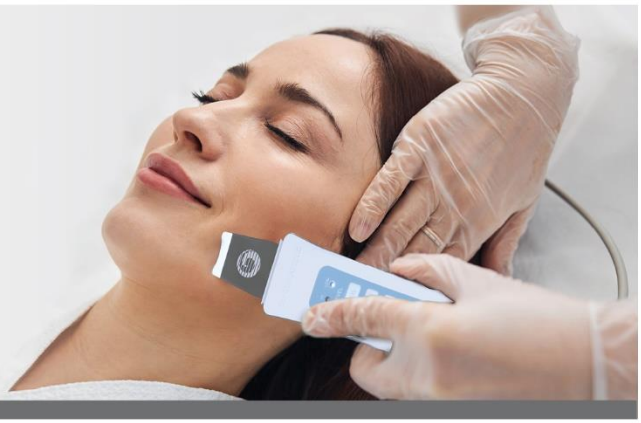
bt-micro®

# ultrasonic facial

## training checklist and treatment log



Name:_____ Date:_____

| Courses | Links | Completed |
|---|---|---|
| **ONLINE TRAINING** | | |
| View the bt-micro Training Webinar…… | Link | ☐ |
| Complete the bt-micro education training…… | Link | ☐ |
| *NOTE: You will need a device serial # to enroll in the training. | | |
| Complete the bt-micro practical treatment log …… | Link | ☐ |
| Review all LMS information including facial protocols & contraindications chart…… | Link | ☐ |

# TREATMENT LOG

### Ultrasonic Cleansing

DATE: _____ CLIENT NAME:_____

TRAINEE NOTES: _____

_____

### Ultrasonic Exfoliation

DATE: _____ CLIENT NAME:_____

TRAINEE NOTES: _____

_____

### Ultrasonic Extractions

DATE: _____ CLIENT NAME:_____

TRAINEE NOTES: _____

_____

### Ultrasonic Infusion

DATE: _____ CLIENT NAME:_____

TRAINEE NOTES: _____

_____

Manager Signature:_____ Date:_____

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