

VACUSLIM 48
PROFESSIONAL BODY SLIMMING INNOVATION

Look Good! Feel Good!

Client's name: _____

VACUSLIM 48 Clients body measures / Mere klijenta (cm)										
Treatments	Weight / Težina (Kg)	Abdomen/ Stomak Gornji	Belt / Stomak Donji	Hips / Kukovi	Thigh R / Butina D	Thigh L / Butina L	Knee R / Koleno D	Knee L / Koleno L	TOTAL (cm)	Result
	before / pre									
	after / posle									
	before / pre									
	after / posle									
	before / pre									
	after / posle									
	before / pre									
	after / posle									
	before / pre									
	after / posle									
	before / pre									
	after / posle									
	before / pre									
	after / posle									
	before / pre									
	after / posle									
	before / pre									
	after / posle									
Results	before / pre									
	after / posle									

The client admits that she is informed about the treatment protocol and the necessary repetitions until the desired results are achieved, as well as the precautions to be taken prior to and after the treatment. / Klijent je upoznat sa načinom rada, potrebom ponavljanja tretmana do postizanja željenog rezultata i merama predostrožnosti pre i posle tretmana.

Client's signature / potpis klijenta _____