Personal Reflection Day Spa
Swedish Miracle Body System

Client:_____

Consultant:_____

Measurements	Before	After	Results
Right Arm			
Left Arm			
Upper Bust			
Bust Chest			
Ribcage			
Waist			
Abdomen			
Hips			
Right Thigh			
Right Mid Thigh			
Right Calf			
Left Thigh			
Left Mid Thigh			
Left Calf			

Total Improvement:_____

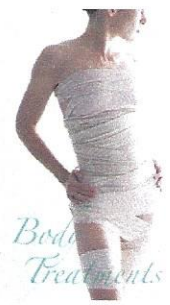
Wrap Series Number:_____

After Wrap Instructions for the Next 3 Days

- **DRINK 8 TO 10 GLASSES OF WATER PER DAY to continue detoxifying your system.**
- **YOU MAY USE CREAMS OR LOTIONS. The moisturizing effect of the wrap will keep your skin silky smooth and the creams and lotions will further hydrate your skin.**
- **TAKE ONLY LUKEWARM SHOWERS to hold solution in pores, then after 3 days take a hot shower.**
- **AVOID TO MINIMIZE RETOXIFICATION**
  - **SALT**
  - **SUGAR**
  - **CAFFEINE**
  - **ALCOHOL**
  - **CARBONATED EVERAGES**
  - **FRIED FOODS**
- **CONTINUE WITH REGULAR WORKOUTS to improve and stimulate circulation.**

Recommended for further progress:

- **Continue to drink plenty of water daily**
- **Maintain a regular exercise program**
- **Have another** *Swedish Miracle Body Wrap*



WATER, WATER, WATER!

Personal Reflection Day Spa

SWEDISH MIRACLE WRAP

CLIENT RECORD AND CONSENT

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Cell Phone:_____

Date of Birth:_____ Occupation:_____

How did you hear of us? _____

Have you ever had a body wrap?_____ _Where_____ _____When_____

Medical History

1. Height:_____ Weight:_____ Desired Weight:_____
2. Are you under doctors care? Yes:_____ No:_____

   If yes, for what reason?_____

   If yes, please give your doctors name and address:_____

   _____
3. Are you presently taking any medications? Yes_____ No_____

   If yes, please explain:_____
4. Do you have any circulatory or respiratory problems? Yes_____ No_____
5. Do you have low or high blood pressure? Yes_____ No _____
6. Do you have any heart ailments? Yes_____ No_____
7. Do you have diabetes? Yes_____ No_____
8. Do you have varicose veins? Yes_____ No_____
9. Have you had any surgical operations recently? Yes_____ No_____

   If yes, please explain:_____
10. Are you pregnant at this time? Yes_____ No_____
11. Are you on any special diets at this time? Yes_____ No_____
12. Any other health conditions? Yes_____ No_____

You should discuss body wraps with your doctor if you are being treated for any of the above conditions.

Consent and Release:

I understand that I am wrapped at my own risk and management of this establishment, Personal Reflection Day Spa, and its employees assume no liability of any kind. I have read and understand the brochure provided by this company and I agree that all statements contained therein are made in good faith by this company, and I hereby release this company for any negligent misrepresentations that may be contained in said brochure.

Signature:_____ Date:_____