Client name..... Date.....

Photo-type .....Risk factor for pigmentation High or /Low.....Melanin Ave..... .....

Erythema Reference number.....Highest Erythema number & location.....Erythema Ave .....

Lowest reading & location of Hydration...../.....Hydration Average .....

Lowest reading & location of Lipid...../.....Highest reading & location of Lipid...../..... ....

Hydration	Lipid	Photo-type (1st press only)	Risk Factor	Average Melanin	Erythema
Z1. Forehead —— Z2. Cheek —— Z3. Chin —— Z4. Cheek —— Div by 4 Ave is = ——	Z1. Forehead —— Z2. Cheek —— Div by 2 Ave is = ——	Z1. Wrist — Z2. Unexposed — – Z3. Chin — – Div by 3	Z1. Drivers Forearm —— Or the highest reading that has been taken —— Relate to Photo Scale	Z1. Forehead —— Z2. Cheek —— Z3. Chin —— Z4. Cheek —— Div by 4 ave is = ——	Ref: behind ear ____ Z1. Forehead —— Z2. Cheek —— Z3. Chin —— Z4. Cheek —— Div by 4 —— Ave is = ——