



**Format for Documentation of Having Performed 100 Laser Hair Procedures**  
**Every space must be completed. Do not leave blank spaces.**  
**Please make copies.**

<u>Date of Procedure</u>	<u>Client ID # or Initials*</u>	<u>Type of Procedure**</u>	<u>Name of Individual Providing Direct Supervision***</u>	<u>Supervisor's Registration Number</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

\*Please do not submit patient's name per Health Insurance Portability and Accountability Act (HIPAA).

\*\*In accordance with Texas Administrative Code §289.302(d)(20).

\*\*\*I attest that as a LHR Senior Technician or LHR Professional I have supervised this individual's performance.

LHR Senior Technician or LHR Professional Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)