


Lampiran 10: Kartu Perawatan Pasien *Treatment*

| | |
|--|------|
|  | |
| Tanggal : | |
| Jam Mulai Perawatan : | |
| Jam Selesai : | |
| Nama Customer : | |
| Perawatan : | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| Nama Beautician : | |
| | Kasi |