

# Anwendungsplan 7 Damen



Name:

Telefon:

|   | Neuromuskuläre Stimulation & Ultraschall & LowLevelLaser LLLT | Datum |  |
|---|---|-------|--|
| 1 | P16 - Lipo & Drain 1  |       |  |
| 2 | P23 - Vodder & Tono   |       |  |
| 3 | P21 - US Silhouette   |       |  |
| 4 | P23 - Vodder & Tono   |       |  |
| 5 | P14 - Toning / Muskelaufbau                                   |       |  |
| 6 | P23 - Vodder & Tono   |       |  |