

HCG DIET Client Measurement Log

Name _____

Area	Before Date:	After Date:	Total Inches Lost
Left Arm-Upper			
Mid			
Right Arm-Upper			
Mid			
Bust - Above			
Under			
Navel - Above			
Waist			
Belly			
Buttock			
Thigh			
Left Thigh - Upper			
Mid			
Knee			
Calf			
Right Thigh- Upper			
Mid			
Knee			
Calf			

Technician _____ Total Inches Lost: _____

