



Name: _____
Phone: _____
Email: _____

MY FACE CARE:

Cleanser: _____

Exfoliant: Gentle or Spa Polish

Mask: Lipoic or Clay

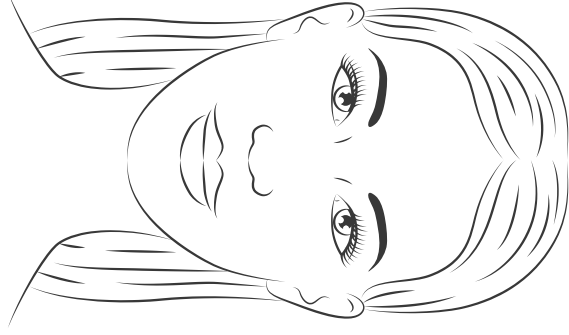
Toner Mist: _____

Moisturizer: Normal or Deep

Serums: Time Rewind Age Defying

Multi-Peptide

Notes: _____



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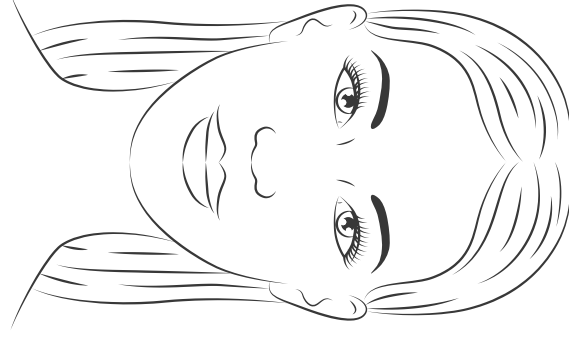
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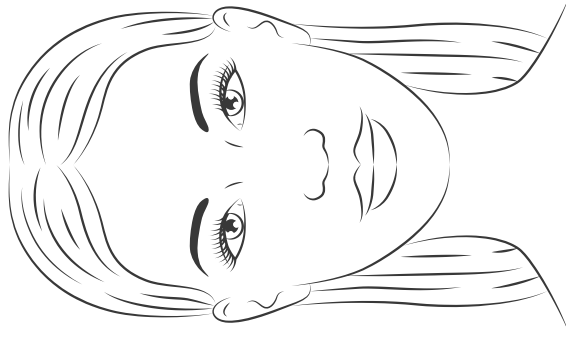
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