

CUSTOM ANTI-AGING THERAPY

"A Prescription for Healthy Skin"

Personalized for: Personalized by: Date:

Address Start Date:

city state zip

Phone (H) Work/Cell E-mail

- SKIN TYPE:** Dry Combination Oily
- SKIN CHARACTERISTIC** Sensitive Skin Tone _____

1 MAINTENANCE NEEDS: <i>I NEED PRODUCTS TO...</i>	2 VISIBLE PROBLEMS: <i>I CAN SEE...</i>	3 SOLUTIONS: PRODUCTS YOU NEED...	4 PREVENTIVE NEEDS: REDUCE FUTURE DAMAGE	5 PROTECTION
<p>EYE AREA</p> <input type="checkbox"/> Cleanse Eye Area <input type="checkbox"/> Moisturize Eye Area <input type="checkbox"/> Firm Eye Area <input type="checkbox"/> Mask Eye Area <p>FACE</p> <input type="checkbox"/> Cleanse Face <input type="checkbox"/> Rinse Face <input type="checkbox"/> Moisturize Face <input type="checkbox"/> Moisturize Lips (Vitamin E) <input type="checkbox"/> Lubricate Face (dry skin only) <p><input type="checkbox"/> Daily Mask <input type="checkbox"/> Weekly Mask (exfoliating mask)</p> <p>ANTI-AGING:</p> <input type="checkbox"/> Cell Lift <input type="checkbox"/> Alphagen (firming mask) <input type="checkbox"/> Elogen System <input type="checkbox"/> Oxy Lite	<p>LINES</p> <input type="checkbox"/> Eyes, Lips, Forehead <input type="checkbox"/> Face <input type="checkbox"/> Eye Area Puffiness <input type="checkbox"/> Blemishes <input type="checkbox"/> Flakiness <input type="checkbox"/> Excessive Dryness <input type="checkbox"/> Excessive Tightness <input type="checkbox"/> Excessive Oil <input type="checkbox"/> Rough Texture <input type="checkbox"/> Large Pores <input type="checkbox"/> Blackheads <input type="checkbox"/> Dull/Sallow Color <input type="checkbox"/> Brown Spots <input type="checkbox"/> Sensitivity <input type="checkbox"/> Rosecea <input type="checkbox"/> Loss of Elasticity	<p>FACE</p> <input type="checkbox"/> Acne System <input type="checkbox"/> Alphagen <input type="checkbox"/> Blemish Control <input type="checkbox"/> Celagen (P.M.) <input type="checkbox"/> Chamomile Night Cream <input type="checkbox"/> Desensitizing Lotion <input type="checkbox"/> Hydragen (P.M.) <input type="checkbox"/> Intense Moisture Complex <input type="checkbox"/> Line Refine (A.M.) <input type="checkbox"/> Night Emollient Cream <input type="checkbox"/> Sunblock 15 <p>EYES</p> <input type="checkbox"/> Eye & Lip Contour Cream <input type="checkbox"/> Eye Area Cleanser <input type="checkbox"/> Eye Area Mask <input type="checkbox"/> Firming Eye & Throat <input type="checkbox"/> Very Special Eye Cream	<p>FACIAL ROOM</p> <input type="checkbox"/> Peelactic Series <p>REPAIR</p> <input type="checkbox"/> Anti Inflammatory Lotion <input type="checkbox"/> Celagen <input type="checkbox"/> E.O. Drinking Water <input type="checkbox"/> Hand Cream <p>Softening Agent:</p> <input type="checkbox"/> Massage Gel <p>Masks:</p> <input type="checkbox"/> Alphagen (firm) <input type="checkbox"/> Contour Powder Mask <input type="checkbox"/> Moisture Mask Gelee <input type="checkbox"/> Purifying Mask <input type="checkbox"/> Revitalizing Moisture Mask <p>CLEANSE FACE</p> <input type="checkbox"/> Chamomile Cleanser <input type="checkbox"/> Chamomile Rinse <input type="checkbox"/> Cleansing Emollient <input type="checkbox"/> Duo Action Cleanser <input type="checkbox"/> Freshening Rinse <input type="checkbox"/> Super Activated Cl Gel	<p>MOISTURIZE FACE:</p> <input type="checkbox"/> Hydragen <input type="checkbox"/> Intense Moisture Complex <input type="checkbox"/> Oil Free Moisturizer <input type="checkbox"/> Chamomile Night Cream <p>HYDRATE FACE</p> <input type="checkbox"/> Cell Control Solution <input type="checkbox"/> E.O. Drinking Water <input type="checkbox"/> Pearl Moisture Solution <input type="checkbox"/> Skin Conditioning Water <p>PROTECTION</p> <input type="checkbox"/> Alphagen <input type="checkbox"/> Foundation (Make-Up) <input type="checkbox"/> Pre Makeup Nude <input type="checkbox"/> Protective Base (L & D) <input type="checkbox"/> Sunblock 15