

TODAY'S DATE: ___/___/___

A B C

TELL ME ABOUT YOU!

NAME: _____ BIRTHDAY: ___/___/___ ANNIVERSARY: ___/___

PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Skin Type: Dry/Normal OR Combination/Oily (circle one)

What's one thing you would change about your skin? _____

What cleanser/moisturizer or skincare regimen are you using at home? _____

For Beauty Consultant Use Only

Foundation Color: Ivory C W N _____ Beige C W N _____ Bronze C W N _____

CC: Very Lt. Lt./Med Med/Deep Deep Very Deep

IT'S GIVEAWAY *time!*
♥

Gift your friends & family
a Platinum Pampering Session
which includes a gift card from me!



Name: _____ Name: _____ Name: _____

Phone: _____ Phone: _____ Phone: _____

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Name: _____ Name: _____ Name: _____

Phone: _____ Phone: _____ Phone: _____

Name: _____ Name: _____ Name: _____

Phone: _____ Phone: _____ Phone: _____

Name: _____ Name: _____ Name: _____

Phone: _____ Phone: _____ Phone: _____

My Wish List:

1. _____
2. _____
3. _____
4. _____
5. _____

Who may I contact about gifts for you?

Name: _____

Phone: _____

Name: _____

Phone: _____



Date of Next Appointment: _____ @ _____ AM/PM Notes: _____