Client Name – Please Print _____ Today's Date ____/____/____

Address _____ Spa Hostess Name _____

City _____ State _____ Zip _____ Birth Month ____/____ Day _____ Favorite Color _____

Email Address _____ Phone (may I text you? yes or no) ____-____-____ Best Way & Time to Reach You _____

Skin SPA (Scientific Personalized Analysis)

1. **Which Best describes your overall *EYE* appearance?**

The skin around the eyes is thinner and more fragile than the rest of the face, thus it needs extra special care and has unique, specific needs.

	Not at all	Barely visible	Moderate	Pronounced
Fine lines				
Dark Circles				
Puffiness				
Loss of firmness/elasticity				
Dryness				

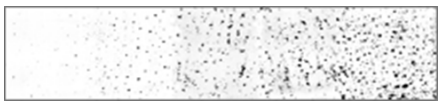
2. **Which best describes your overall *SKIN* appearance?**

Each person has unique skin care needs and various levels of damage. Knowing this will help us personalize your regimen, allowing you to achieve optimal results.

	Not at all	Barely visible	Moderate	Pronounced
Fine lines				
Deep wrinkles				
Age spots & sun damage				
Loss of firmness/elasticity				
Large pores				
Dull skin or lack of clarity				

3. **Skin Sensitivity – How sensitive is your skin?**
   Little/none Mild Moderate Very
4. **Breakouts - How often do you experience breakouts?**
   Rarely if at all Monthly Weekly Daily
5. **Ethnicity** Asian African American Hispanic/Latino Caucasian Native American Other
6. **Age** teens 20's 30's 40's 50's 60's+
7. **Cheek Sensor** - mark results

8. **Forehead Sensor** - mark results



Office use only
Cleanser L / G
Tonic PHA / AHA
Moisturizer L / C
DCP Eye Roller
Daily Resurface Serum
Retinol Face Serum
Retinol Eye Capsules

- ❑ **I want more info about the BC opportunity!**
- ❑ **I want to host my own spa! _____**
- ❑ **Please put me on your mailing list!**

Filled	Item	Cost
☐		
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☐	Spa Now Case (+ $18 s/h & tax)	$125

Thank you for your order!

☐ Cash (received ☐) ☐ Check #_____

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

Credit Card #_____ / _____ / _____ / _____

Exp Date_____ /_____AVS #_____ Billing Zip_____

Signature_____

Office use only
_____
Approval Code Date
❑ Payment processed

TOTAL RETAIL	$
Shipping & Handling	+ $3.00
Subtotal	$
7% Sales Tax	+ $
Discount/Credit	- $
TOTAL DUE	$
W.H.O. Round UP ☺	$