

AT HOME SKIN CARE REGIMEN

MORNING

Cleanse: _____

Toner/Exfoliate: _____

Corrective/ RX: _____

Corrective/ RX: _____

Eye Care: _____

Moisturize: _____

Protect: _____

EVENING

Cleanse: _____

Toner/ Exfoliate: _____

Corrective/ RX: _____

Corrective/ RX: _____

Eye Care: _____

Moisturize: _____

Protect: _____

AS TOLERATED: Weekly Care: _____

Aesthetician Signature

Date