Name: _____ Date: _____

BEAUTY THERAPY

B Q N K M B P M P W B A H B M E I
Z S Y E K R V D Q O G E Y D M Q J
O S U K G W D N C N L L A P S Z X
G R O Q M A G Q I W A I N U K C R
K O G P V Q S X C I H H S A T K W
Z D R D D A A S C S M I N H N Y S
E O Z Y A W I A A W W F E O I A G
T S K I N V F V Z M S S T A T Q R
C O N T R A I N D I C A T I O N S
O R O J I G A L T G S O H Y F H S
L A N H C O N T R A A C T I O N S
W O J B K C H P T X N V W W D K S
R E R U C I N A M T X Y U M H S E
S K L L R V C M B F M I Q W B F Y
W K Y T R E A T M E N T S Q A P E
E R U C I D E P Q S L I A N Y N N
Z M D D J A P U E K A M K J G T E

CONTRA INDICATIONS
CONTRA ACTIONS
TREATMENTS
PEDICURE
MANICURE
MASSAGE
MAKE UP
POLISH
FACIAL
WAXING
BEAUTY
NAILS
SKIN
EYES