

Name: _____

Date: _____

Facial

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

Allergic Reaction

Consultation

Cotton Pads

Application

Moisturizer

Sun Screen

Sensitive

Exfoliate

Pressure

Spatula

Massage

Remover

Make up

Facial

Gauze

Drape

Toner

Scrub

Mask