

Name

.....

D.O.B

Postcode

.....

Email and Contact Number

.....

Fitzpatrick

1 0 2 0 3 0 4 0 5 0 6 0

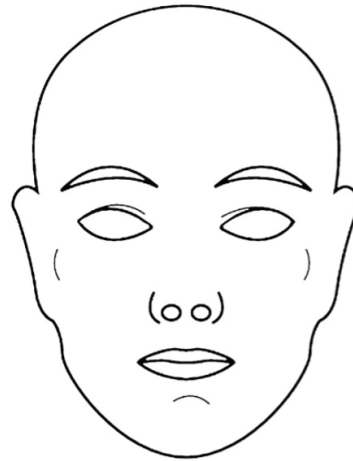
Skin Type

Normal Oily Acne Combination

Sensitive Dry Very Dry

Skin Goals

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Regime			
	Obagi Products (non Prescriptive Only Medication)	AM/PM/Other	Notes
Prepare	<input type="checkbox"/> Obagi Nu-Derm® Gentle Cleanser <input type="checkbox"/> Obagi Nu-Derm® Foaming Gel Cleanser <input type="checkbox"/> C-Cleansing Gel <input type="checkbox"/> Obagi360 Exfoliating Cleanser <input type="checkbox"/> CLENZIderm M,D,Daily Care Foaming Cleanser <input type="checkbox"/> SuzanObagiMD™ Foaming Cleanser <input type="checkbox"/> SuzanObagiMD™ Cleansing Wipes <input type="checkbox"/> Other (specify)		
	<input type="checkbox"/> Obagi NuDerm® Toner <input type="checkbox"/> C-Balancing Toner <input type="checkbox"/> SuzanObagiMD™ Balancing Toner <input type="checkbox"/> Other (specify)		
Treat	<input type="checkbox"/> Exfoderm® Exfoliator <input type="checkbox"/> Exfoderm® Forte Exfoliator <input type="checkbox"/> C- Exfoliating Day Lotion <input type="checkbox"/> SuzanObagiMD™ Intensive Daily Repair <input type="checkbox"/> Other (specify)		
	<input type="checkbox"/> Professional-C® Serums 10%, 15%, 20% <input type="checkbox"/> Professional-C® Microdermabrasion Polish + Mask <input type="checkbox"/> Obagi Nu-Derm® Clear <input type="checkbox"/> Obagi Nu-Derm® Blender <input type="checkbox"/> C- Therapy Night Cream <input type="checkbox"/> C-Clarifying Serum <input type="checkbox"/> ELASTIderm® Eye Cream Eye Serum <input type="checkbox"/> ELASTIderm® Facial Serum <input type="checkbox"/> ELASTIderm® Neck + Décolleté Concentrate <input type="checkbox"/> Obagi Nu-Cil™ Eyelash Enhancing Serum <input type="checkbox"/> Topical Vitamin A (specify) or Other		
Protect	<input type="checkbox"/> Hydrate® Facial Moisturiser <input type="checkbox"/> Hydrate Luxe® Moisture-Rich Cream <input type="checkbox"/> Daily Hydro-Drops® Facial Serum <input type="checkbox"/> Obagi® REBALANCE Skin Barrier Recovery <input type="checkbox"/> Professional-C® Peptide Complex Serum		
SPF	<input type="checkbox"/> Sun Shield™ Matte Broad Spectrum SPF 50 <input type="checkbox"/> Sun Shield Mineral Broad Spectrum SPF 50 <input type="checkbox"/> HydraFactor® SPF30 <input type="checkbox"/> Sun Shield™ Tinted Broad Spectrum SPF 50 (warm/cool)..... <input type="checkbox"/> Other (specify)		

Images taken today YES NO

Next review scheduled for

Health Care Professional Name/Signature