

FLORI ROBERTS® Interface

PERSONALIZED PRESCRIPTION

Cleanser _____

Toner _____

Moisturizer _____

Exfoliation _____

Night Treatment _____

Eye Treatment _____

Specialty Treatment _____

Concealer _____

Foundation _____

Powder _____

Blush _____

Eyeliners _____

Eye Shadow _____

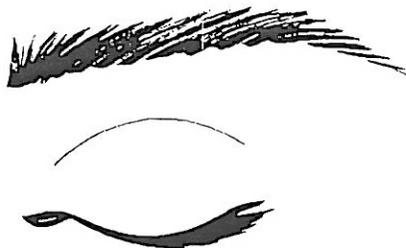
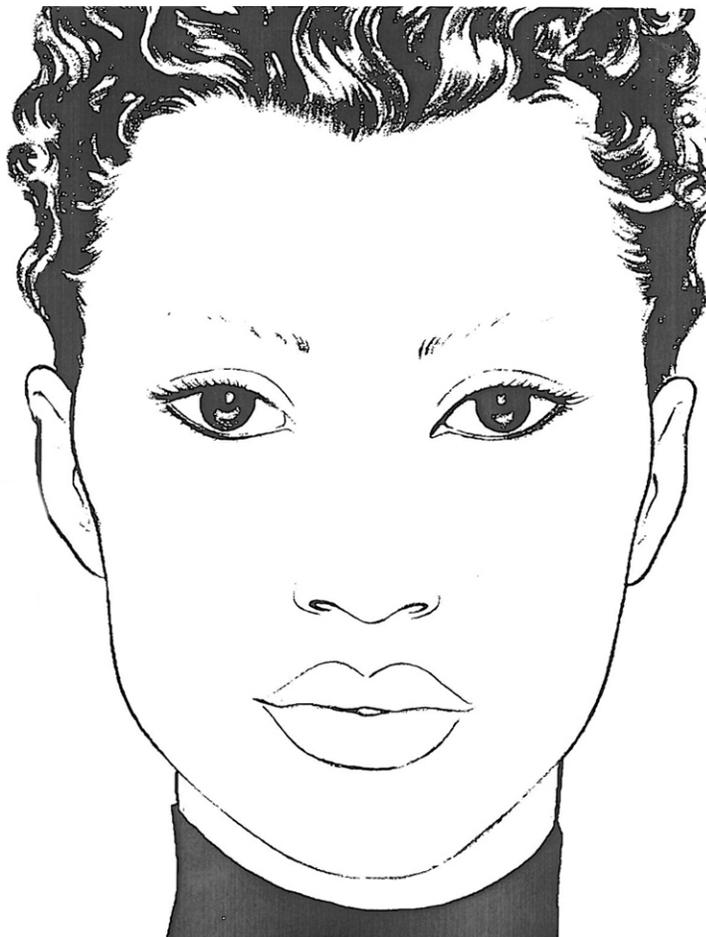
Brow _____

Mascara _____

Lip Pencil _____

Lipstick _____

Lip Gloss _____



Eye Shadow _____ Highlighter _____

Contour _____

Accent _____

Special Notes: _____

Skin Care Profile Questionnaire:

Are you happy with how your skin looks and feels? _____

What products do you currently use to cleanse and moisturize your skin? _____

If you had a magic wand, what would you change about your skin? _____

Answer these simple questions to discover your skin type:

1/ Do you break out?

- D. Rarely
- N. Occasionally
- O. Frequently

4/ How does your skin look 1 hour after cleaning?

- D. Dry and tight
- N. Slightly tight for first 1/2 hour; some oil in t-zone by the end of the hour
- O. Oil break-through in first 1/2 hour; Shiny nose/forehead in 1 hour

2/ Do you have blackheads?

- D. Few or none
- N. Few in T-zone
- O. Problem

5/ Do you have facial lines?

- D. Showing signs around eyes, lips, forehead
- N. A few around eyes
- O. None or few

3/ What do your pores look like?

- D. Nearly Invisible
- N. Visible in T-Zone
- O. Enlarged

6/ Does your foundation melt away during the day?

- D. Hardly
- N. By mid-day/early afternoon
- O. Within 2 hours of application

Total The Categories: D = Dry _____ N = Normal/combination _____ O = Oily _____

I AM INTERESTED IN: Color Analysis Cosmetics Hosting A Home Show Business Opportunity