

ANTIPODES®

Regime Prescription

Name: _____

Treatment Provided: _____

Skin Type: _____

Skin Concerns: _____

Eye Concerns: _____

YOUR RECOMMENDED ANTIPODES® REGIME

Cleanser: _____

Mask: _____

Toner: _____

Serum: _____

Eye Cream: _____

AM Moisturiser: _____

PM Moisturiser: _____