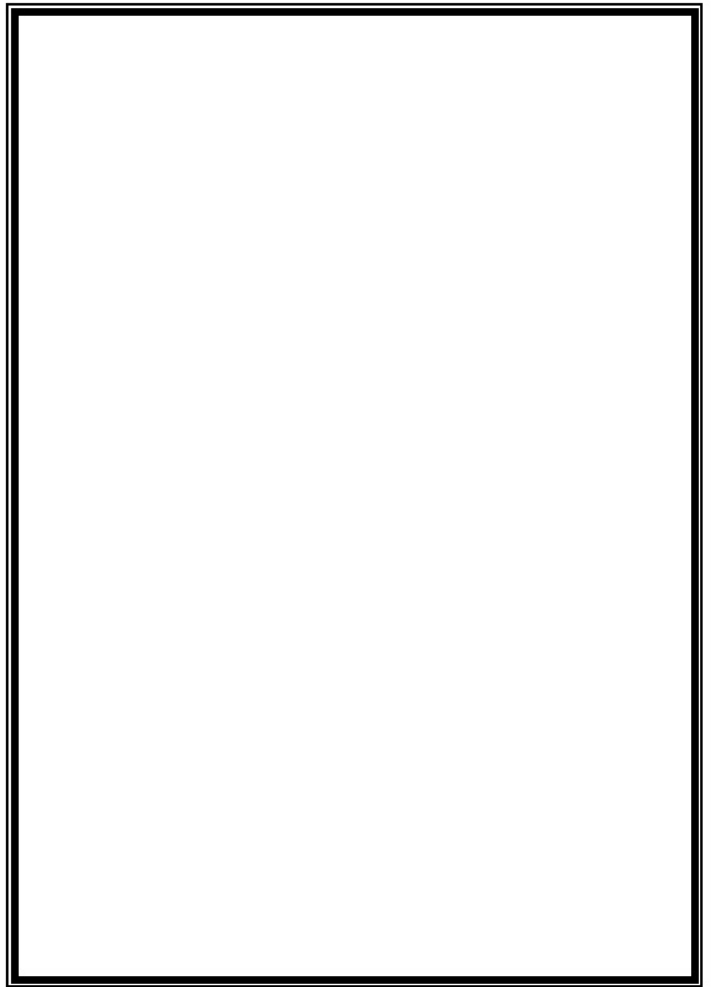


BEFORE



AFTER



Date: _____

Model Name: _____

Address: _____

Phone: _____

Best time to reach me: _____

Email: _____

Occupation: _____

Hair Color: _____

Eye Color: _____

Skin Type: (Circle One)

Normal Combination Oily Dry

Foundation Color: _____

Highlighter Shade: _____

Midtone Shade: _____

Accent Shade: _____

Eyeliner: _____

Cheek Color: _____

Lip Liner: _____

Lipstick: _____

Lip Gloss: _____

Notes: