

Date:

Patient's Name:*

Address:*

Postal Code:*

City:*

Phone:*

Country:*

ITEM	QTY	ITEM	QTY
Make-up Remover	<input type="text"/>	Wash 1	<input type="text"/>
Wash 2	<input type="text"/>	Toner 1	<input type="text"/>
Astringent	<input type="text"/>	Enhancer 1	<input type="text"/>
Enhancer 2	<input type="text"/>	Enhancer 3	<input type="text"/>
Post Enhancer	<input type="text"/>	Day 1	<input type="text"/>
Day 2	<input type="text"/>	Day 3	<input type="text"/>
Night 1	<input type="text"/>	Night 2	<input type="text"/>
Night 3	<input type="text"/>	General Face 1	<input type="text"/>
General Face 2	<input type="text"/>	General Face 3	<input type="text"/>
Eye Enhancer	<input type="text"/>	Eye (Day & Night)	<input type="text"/>
Eye Cream (Day)	<input type="text"/>	Eye Cream (Night)	<input type="text"/>
Pimple Lotion 1	<input type="text"/>	Pimple Cream 2	<input type="text"/>
Pimple Night	<input type="text"/>	Sunblock (White)	<input type="text"/>
Sunblock (Skin)	<input type="text"/>	Sunblock Rejuvenation Lotion	<input type="text"/>
Loose Powder	<input type="text"/>	Pigment Cream 1	<input type="text"/>
Pigment Cream 2	<input type="text"/>	Pigment Cream 3	<input type="text"/>
Breast Firming Cream	<input type="text"/>	Body Cream (Day)	<input type="text"/>
Body Cream (Night)	<input type="text"/>	Nipple Whitening Cream 1	<input type="text"/>
Nipple Whitening Cream 2	<input type="text"/>	Groin Whitening Cream 1	<input type="text"/>
Groin Whitening Cream 2	<input type="text"/>	Scar Cream 1	<input type="text"/>
Scar Cream 2	<input type="text"/>	Arm - Whitening & Smoothing 2	<input type="text"/>
Leg Cream (Day)	<input type="text"/>	Leg Cream (Night)	<input type="text"/>
Hand Cream (Day)	<input type="text"/>	Hand Cream (Night)	<input type="text"/>
Hand Cream (Day & Night)	<input type="text"/>	Neck Cream (Day)	<input type="text"/>
Neck Cream (Night)	<input type="text"/>	Neck Cream (Day & Night)	<input type="text"/>
Lip Ointment	<input type="text"/>	Crack Lip	<input type="text"/>
Nose Lotion 1	<input type="text"/>	Nose Cream 2	<input type="text"/>
Eyebrow 1	<input type="text"/>	Eyebrow 2	<input type="text"/>
Eyebrow 3	<input type="text"/>	Eyebrow 4	<input type="text"/>
Face Itchy Cream (Day)	<input type="text"/>	Face Itchy Cream (Night)	<input type="text"/>
Body Itchy Cream (Day)	<input type="text"/>	Body Itchy Cream (Night)	<input type="text"/>
Itchy Face	<input type="text"/>	Itchy Body	<input type="text"/>
Winter Cream	<input type="text"/>	Clear Soap	<input type="text"/>
Herbal Soap (Brown)	<input type="text"/>	Bar Soap - Body (Pink)	<input type="text"/>
Body Cleanser	<input type="text"/>	Hair Tonic 1	<input type="text"/>
Hair Tonic 2	<input type="text"/>	Hair Tonic 3	<input type="text"/>
Hair Tonic 4	<input type="text"/>	Shampoo (Day)	<input type="text"/>
Shampoo (Night)	<input type="text"/>	Shampoo (Day & Night)	<input type="text"/>
ISC Hair Conditioner	<input type="text"/>	Vitamin A (Roaccutane)	<input type="text"/>
Probiotics Capsules (100s)	<input type="text"/>	Plant Oil	<input type="text"/>
Gingko B Extract	<input type="text"/>	Breast Firming Tablets	<input type="text"/>
Pantogar	<input type="text"/>	Propecia Tablets	<input type="text"/>
Valtrex	<input type="text"/>	Xenical	<input type="text"/>
Reductil - 15mg	<input type="text"/>		

Payment:

--Please Select--

Credit Card No.:

Expiry Date (Month/Date):

Security No.:

Card Holder's Name:

Please fax the order form to (65) 62350412