



Where Medi meets Pedi™

Pedicure Information Form

Name: _____

Pedicurist: _____

Next pedicure: _____

AM PM #

- | | | | | |
|--------------------------|--------------------------|---------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | 125ml | for Normal and Dry Skin |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | 125ml | for Very Dry Skin |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 EXTRA | 125ml | for Cracked Skin |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | 125ml | for Cold Feet |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | 125ml | for Sweaty Feet |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | 125ml | for Skin Prone to Fungus |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 EXTRA | 125ml | for Very Dry Skin Prone to Fungus |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 SPRAY | 50ml | Nail Tincture for Nails Prone to Fungus |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | 125ml | for Tired and Heavy Legs |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | 75ml | for Foot Odour |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | 75ml | for Shoe Odour |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | 250ml | Foot Soak |

Please turn
over for usage
instructions >>>

