

## **SUGARING REVIEW**

Please fill out this review form about your recent experience of Sugaring Hair Removal treatment.

1. Name, Surname
2. Email Address
3. What was your biggest struggle in regards to your hair regrowth cycle and the condition of your skin?
4. What other products or treatments have you used for hair removal?
5. How long have you been using Sugaring Hair Removal?
1 month or less
2 - 3 months
4+ months

<ol> <li>Please describe your experieugared? What did you like ab</li> </ol>			_			
		1 1 1 1 1				
. On scale from 1 - 5, how wo	uld vou r	ate nain	/discom	fort dur	ring Sug	varing Hair Removal?
Not painful at all or very little						Very painful, a lot of
pain/discomfort	1	2	3	4	5	discomfort
Did you follow the recommemoval treatment?  Yes, I did  No, I didn't (for various recommemory)  I did as much as possible what changes have you notice ase list all the improvements	easons) e but not eed with y	at all tim vour skin	nes I since yo			aring Hair Removal treatmen
). How would you rate Sugar	ing Hair F	Removal	treatme	ents on a	a scale t	from 1-5?
Not good at all for my skin	1	2	3	4	5	Very good for my skin
1. Would you recommend Su	garing Ha	air Remo	val treat	ments	to othe	rs?
Yes, absolutely						
No, I would not						
) I don't know						

Thank you!

Please let us know if you have any photos that you would be happy to share with us, e.g., Before & After pictures of your skin or a photo of you with Alexandria Professional products. We can also take before and after pictures of your results in the salon so you can see the difference. Please send all photos to: connect@whitewillow.ie