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Ultimate Gift  
from

BLUE  
MEDSPA™



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signature blue gift box  
makes the perfect gift

MASSAGE · SKIN CARE  
MANICURE/PEDICURE  
HAIR CARE · LASER  
CELLULITE TREATMENTS  
BOTOX · WRINKLE FILLERS  
WAXING · MAKEUP

190 Tenth St. · Atlanta, GA 30309  
Ph: 404.815.8880 · Fx: 404.815.8881  
www.bluedmedspa.com

# MY WISH LIST

Fill out your personal wish list and we will be happy to contact your “gift giver” to help make your Blue MedSpa wishes come true!

Please indicate the items that you are interested in for your wish list.

- Gift Card for Services or Products/ Amount: \_\_\_\_\_
- Full Day @ Blue MedSpa Package
- A Gift Basket has been created in MY NAME
- Customized Facials/ Program
- Signature Facial Toning Treatment/ Program
- Massage/ Program Type: \_\_\_\_\_
- Body Treatments/ Program
- Laser Hair Removal Program
- Botox/ Fillers/Injections
- Vein Treatments
- Laser Facial/ Program
- Microdermabrasion or Peel/ Program
- Body Contouring/ Cellulite Control Program
- Permanent Makeup
- Make-up Instruction/ Cosmetics: \_\_\_\_\_
- Nail Services - Manicure and Pedicures
- Hair Salon Services
- Retail Products: Items of Interest: \_\_\_\_\_
- Couples Treatments/ Massage/Facials/Pedicures
- Other items or treatments that are on my wish list:  
\_\_\_\_\_

This wish list was created with the assistance of my Blue MedSpa associate, please contact \_\_\_\_\_ if you have any further questions.

Thank you for making my wishes come true!

(Please fax this list to 404-815-8881 when completed.)

YOUR NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

ALTERNATE PHONE NUMBER \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

I would like you to contact the following person, (Name) \_\_\_\_\_ and inform them that a wish list has been created. You may contact them at the following numbers:

HOME NUMBER \_\_\_\_\_

OFFICE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

Please also mail a brochure with a copy of this wish to the following address:  
\_\_\_\_\_