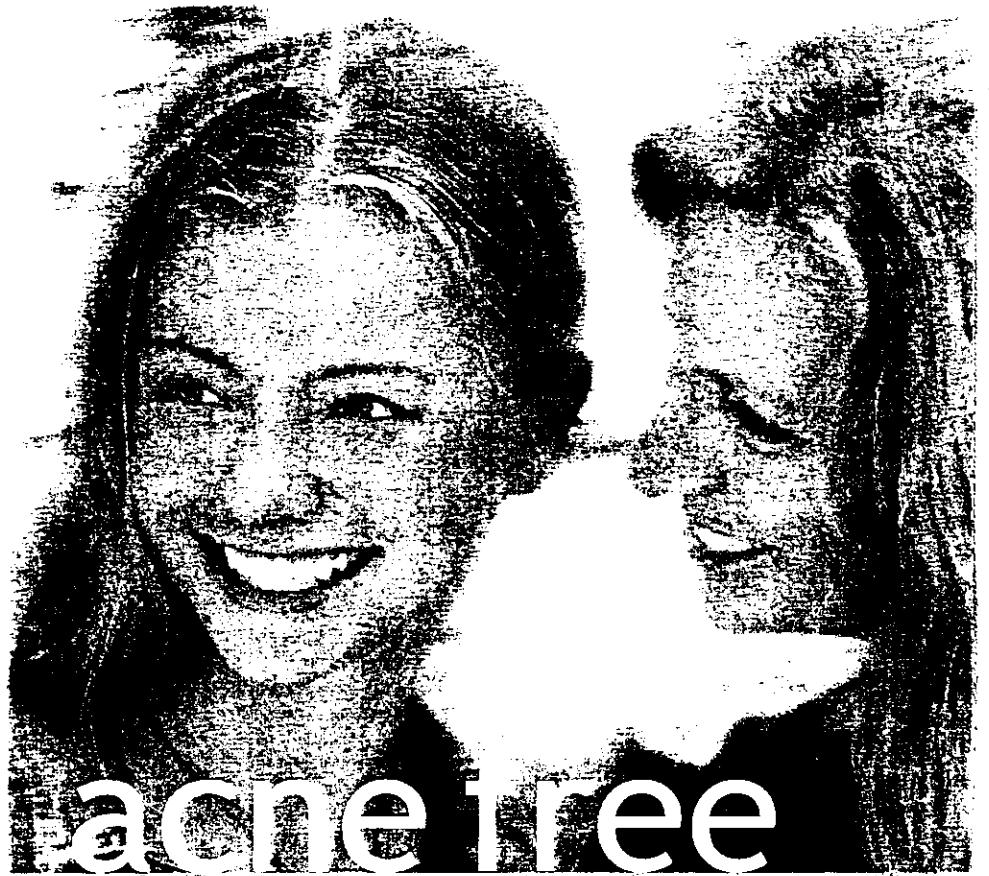


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achefree

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Name: _____

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City: _____ State: _____ ZIP: _____

Phone: (____) _____ E-mail: _____

Is this information for: Self Son Daughter Friend

Please provide the following information about yourself (optional)

Sex: M F Age: 11-13 14-17 18-21 _____

Ethnicity: Hispanic African American Caucasian Asian _____

Is the acne: Mild Moderate Severe

Has a dermatologist been seen within the past 3 months? Yes No

Which acne medications are currently being used?

Over the counter Antibiotics Nonantibiotics Topicals _____

Would you like to receive more information via e-mail? Yes No

The information you provide may be used for marketing or other business purposes without disclosing individual patient identity.



Pharmaceuticals

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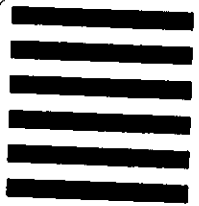


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Get rid of acne
and clear skin

it will be
better

Your teenager
the effects of serdex
something about it
with a dermatologist
there are prescription
effective more than
your teenager could
find on the shelf