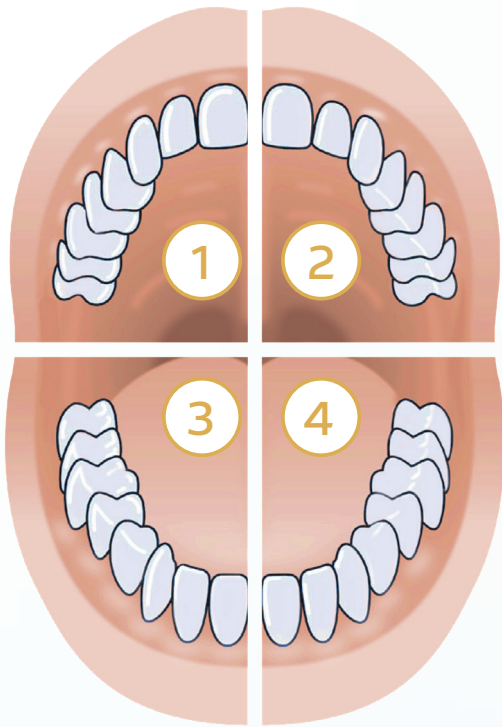


# Your tailored active prevention guidance

Name: \_\_\_\_\_

Date: \_\_\_\_\_



Area 1 \_\_\_\_\_

Area 2 \_\_\_\_\_

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Area 3 \_\_\_\_\_

Area 4 \_\_\_\_\_

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**IMPORTANT:** Look in the mirror when using this guide

## Personalise active prevention with NEW Colgate Total®



Foam

Cooling

Foam

Cooling

Foam

Cooling

Foam

Cooling

Less intense ←

→ More intense