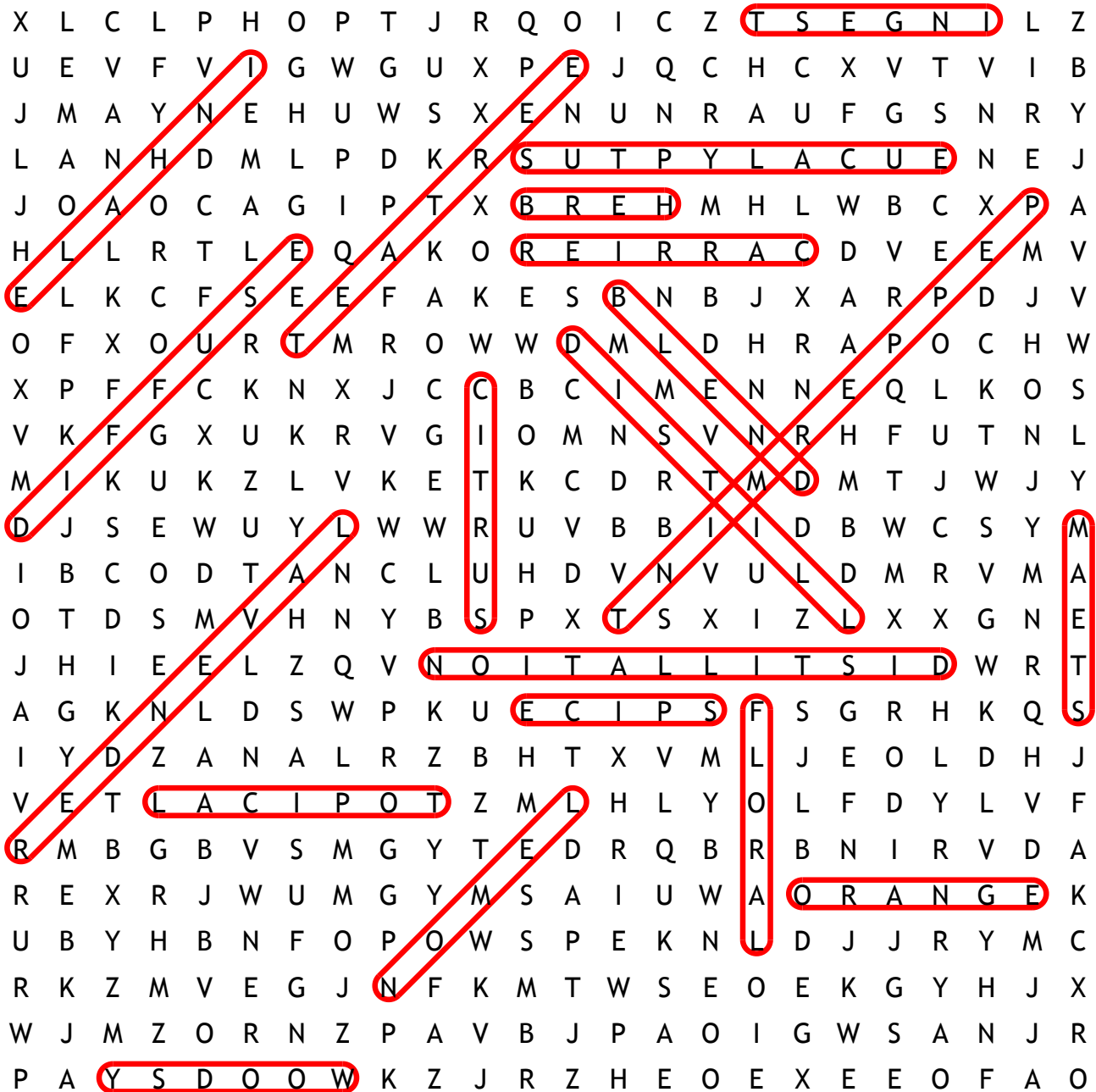


Name: \_\_\_\_\_

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

# Essential oils



Distillation

Eucalyptus

Peppermint

Lavender

Carrier

Distill

Teatree

Diffuse

Topical

Inhale

Ingest

Floral

Woody

Citrus

Orange

Blend

Spice

Steam

Lemon

Herb