

CLIENT RECORDS: LASH LIFT/BROW LAMINATION/TINT

Full Name: _____

DATE	PROCEDURE(S)	SHIELD SIZE	PROCESSING TIMES	NOTES
		<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	Lift/Lam: _____ Neutralising: _____ Tinting: _____	
		<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	Lift/Lam: _____ Neutralising: _____ Tinting: _____	
		<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	Lift/Lam: _____ Neutralising: _____ Tinting: _____	
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