

CLIENT INFORMATION SHEET

Date: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone Number: _____

Fees Discussed: \$ _____

Procedure Requested:

DOB _____ DL# _____

Technician Information

Areas of Concern: _____

Pigment Used: _____

Touch up Reminder Date: _____