

XXL LASHES

Customer Data Sheet

Name	Surname
Address	Telephone
Email address	Date of birth

1. Are you currently undergoing treatment and taking medicines? Yes No
2. Are you prone to allergic reactions? Yes No
3. Are you sensitive to particular products? Yes No
4. Are you allergic to glue, adhesive tape or plaster? Yes No
5. Is the area around your eyes and eyelids sensitive? Yes No
6. Is there an inflammation or an ailment in the region of your eyes? Yes No
7. Do you suffer from dermatitis or eczema? Yes No
8. What were the results of the tolerability test? _____

I confirm that the information given above is correct. I understand that the stylist relies on these facts and based on them the applications used by her on me are going to be safe and effective. I assume responsibility for information provided and not provided to me.

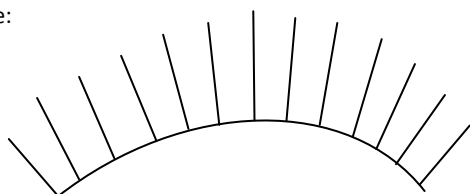
Date / Signature Customer

Date / Signature Stylist

Applications record - materials used:

Eyelashes	Curl:	Length:	Diameter:	Pads /Tape / Cleanser
Glue:	Desired look:			
Duration:	Cost:	Date:	Signature:	

Left eye:



Right eye

