

Client record

Lashes and brows

Business name

CLIENT DETAILS

Full name

Phone number

Email

Date of birth

SERVICE DETAILS

Service (extensions, lift, tint, lamination, shaping)

Eye sensitivities, contact lenses, recent eye surgery

Known allergies to adhesive or tint

Patch test date and result

Curl, length and thickness used

Products used

Advice for the next visit

Notes

Date

Specialist signature