

CLIENT RECORD FORM



Date of the first visit : _____

Last name : _____ First name : _____

Address : _____

Phone number : _____ Email : _____

Have you undergone any microdermabrasion or peeling treatments before? Oui _____ Non _____

Have you had any eye problems in the last 4 weeks? Oui _____ Non _____

Do you use any products containing AHA or retinol? Oui _____ Non _____

Do you suffer from diabetes, hemophilia, HIV or hepatitis? Oui _____ Non _____

Do you have any difficulties with anesthesia? Oui _____ Non _____

Is your tetanus vaccine up to date (important in the summer)? Oui _____ Non _____

Do you suffer from allergies? Oui _____ Non _____

If so, please explain :

Do you take medication on a regular basis? Oui _____ Non _____

If so, please explain :

Natural eyebrows :

Eyebrow shape : Angled : _____ Curved : _____ Straight : _____

Eyebrow density : Thin : _____ Normal : _____ Bushy : _____

Desired effect :

More defined : _____ Darker: _____ Thicker: _____

Services rendered:

Date	Notes	Signature
	Allergy test :	

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CONSENT FORM

I, _____ confirm that all the information that I have provided above is correct. I also acknowledge having been informed that the microblading treatment is carried out under strict hygiene conditions. All the reusable material is sterilized after each care, and all the single-use material is disposed of in containers provided for this purpose.

I have been informed that the microblading treatment may last approximately 2.5 hours. Since the pigment will come into contact with my skin, I consent to undergoing the required allergy test.

I agree to allow my technician to intervene in case of any irritation following the treatment and to contact her should there be any complications.

I am fully aware of the post-treatment home care instructions as well as of the maintenance recommendations, and I agree to follow them with the utmost rigor so as to obtain the expected results.

I consent to holding neither my technician nor Myloza Ongles et Regard responsible for any post-treatment complications caused by either my non-observance of the specific home care instructions or any reaction following the use of pharmaceutical products that my technician or Myloza Ongles et Regard (distributor) have not pre-authorized.

Client Signature _____ Date _____

Technician Signature _____ Date _____