

Sample

Client Records for Invasive Procedures/Waiver

(for tattooing, body/ear piercing, electrolysis, permanent make-up, invasive aesthetics)

Date of service*	
Client name (first, last)*	
Date of birth/age*	
Client telephone number* (home)	Client telephone number* (cell)
E-mail address (optional)	
Mailing address (optional)	
Lot number/batch number of items used*	
Service details*	
Operator full name*	
<input type="checkbox"/> Aftercare instructions provided to client	

*mandatory field

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