



Hair & Beauty

Tel: (01724) 294095

HAIRDRESSING CLIENT RECORD CARD

Surname:

Forename(s):

Address:

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.....

Telephone:

Date of Birth:

Dr. Name:

Dr. Address:

.....

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Dr. Telephone:

Allergies:

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.....

I have read and understood ORA Regulations:

Signature:

Date:

Date	Treatment or Product used	Volume or %	Rod size used	

Additional Notes:

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Processing Time	Results	Student	Staff

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Date	Time	Test	Student	Client Sign

Consultation Details:

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