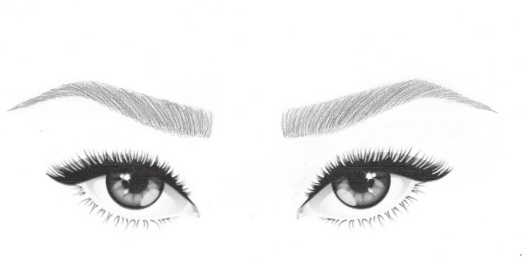

Micro Shading Client Information

Appointment Date

Appointment Time

Full Name

Birthday

Phone Number

Address

City

State

Zip Code

Email Address

Emergency Contact

Phone Number

	Y	N
Have you ever had a micro shading or cosmetic tattoo procedure in the past?		
If yes, when was the last procedure? _____		
Do you have any moles or raised areas on or around your eyebrows?		
Do you pull out your eyebrow hairs when anxious?		
Do you have or ever had any piercings on your eyebrows?		
Do you get hot flashes?		