

CLIENT Birth Date ____/____/____ Notes: _____

Nail Tech _____ License # _____

Date	*Rating	Product / Service / Remarks	Color	\$Fee	Retail
------	---------	-----------------------------	-------	-------	--------

CLIENT _____ NAIL SERVICE

Bus: _____ Res: _____ Cell: _____ eMail _____

Address: _____ City _____ State _____ Zip _____

Date	*Rating	Product / Service / Remarks	Color	\$Fee	Retail
------	---------	-----------------------------	-------	-------	--------

NS-217 - Nail Service

2 Sided Continuation Client Card

Lots of room to record data

Great for Hi-Volume Clients

3 Hole Drilled - Brick Dust Color

Medical Alert Area

Client Fo

Medical Alert: Bleeding Allergies Complications Medications _____

*Rating 1-2-3 (1-No lifting or repairs, 2-Moderate lifting or repairs, 3-Severe Breakdown or replacement)

NS-217 © 2007 *Melissa's* Salon Concepts, Westminster, CA 92683 • All Rights Reserved