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I do not hold the lash extension specialist, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this procedure, which may be affected

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by the treatment performed today. Client Name (Printed)_____

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eyelashes and/or ...

Each client record sheet includes fields for important medical information (such as allergies and contra-indications that may make eyelash extension treatment inadvisable), in addition includes application plan and client requirements on the reverse side.

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