



## Form Details

Email Address	dilip.chakravarthi@webappclouds.com
First Name	aa
Last Name	asa
Phone Number	1234567993
Do You Agree To Receive Text Messages From Kaur Lounge?	Yes
How Did You Hear About Us?	2
Is There A Specific IBE Stylist You Want To See?	1
Have You Had Extensions Before?	Yes
If Yes, What Kind/method?	sacx
What Are The Reasons For Wanting Hair Extensions?	sa
What Is Your Biggest Concern With Hand Extensions?	cads
Is Your Hair Color Treated?	Yes
Do You Have An Oily Scalp?	Yes
Do You Have A Sensitive Scalp?	Yes
Other Considerations	Are you allergic or sensitive to any adhesives, metals, or hair/skin products?, Are you currently taking any medication that has side

effects that can cause hair thinning and/or hair loss? Do you have thyroid issues? Or vitamin deficiency issues?, Do you have now, or have had in the past, any problems with hair loss (shedding, breakage, balding, alopecia, thinning hairline, psoriasis of the scalp, eczema on the scalp, etc)? If yes, have you seen a dermatologist?, Do you have any damage due to previous chemically treated hair treatments?

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**What Is Your Biggest Concern With Hand Extensions?**

xad

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**If Yes To Any Of The Above Please Explain**

sadxad

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**Images Of Your Current Look**

*Wild Craft Salon*

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**Images Of Your Desired Look**

*Wild Craft Salon*

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**I Give Permission To Kaur Lounge To Use My Likeness In Photographs, Video, Or Other Digital Media ("photo") For Use In Any And All Of Its Publications, Including Social Media And Print Publications.\***

No

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**By Printing My Name I Agree To All Of The Above Terms And Conditions**

