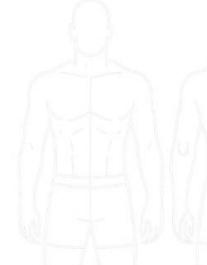


Personal Details



Personal Details		
Name	SSSSSSS	
Phone	N/A	
Nationality	N/A	
Service	N/A	
Treatment	N/A	
How did you know	about us?	
Source	N/A	
Social Media	N/A	
Customer Health C	ondition	
Health Conditions	N/A	
Implants	N/A	
For Massage Only		
Massage Pressure	N/A	

Selected Body Par	ts	
Abdomen, Head		
Skin Type		
Skin Type	N/A	
Other Concerns	N/A	

Notes: Sexual behavior is prohibited by law and will not be tolerated by the management and the Authority.

The undersigned has read and understood the above contents and terms. The undersigned represent that the information provided is true and accurate and understands the importance of alerting the staff to any medical conditions or concern. The spa reserves the right to refuse treatment. I agree that either the spa, not its employee or management shall be liable or responsible for aggravation of any existing conditions as a result of my treatment. I am voluntarily undertaking this treatment.

Customer	Signature		