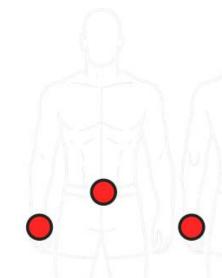


Personal Details



Manager			
Name	DDDDDDDDDDDD		
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	Condition		
Health Conditions	N/A		
Implants	N/A		
For Massage Only			
Massage Pressure	N/A		

Selected Body Parts							
Left Arm, Chest, Left	Back Arm, Lower Ba	ack					
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.

Custome	er Signati	ure		