

Personal Details

Name

hhhhhhhhhhhhhhhhhhhhhh

Phone

N/A

Nationality

N/A

Service

N/A

Treatment

N/A

How did you know about us?

Source

Social Media

Customer Health Condition

Health Conditions

Implants

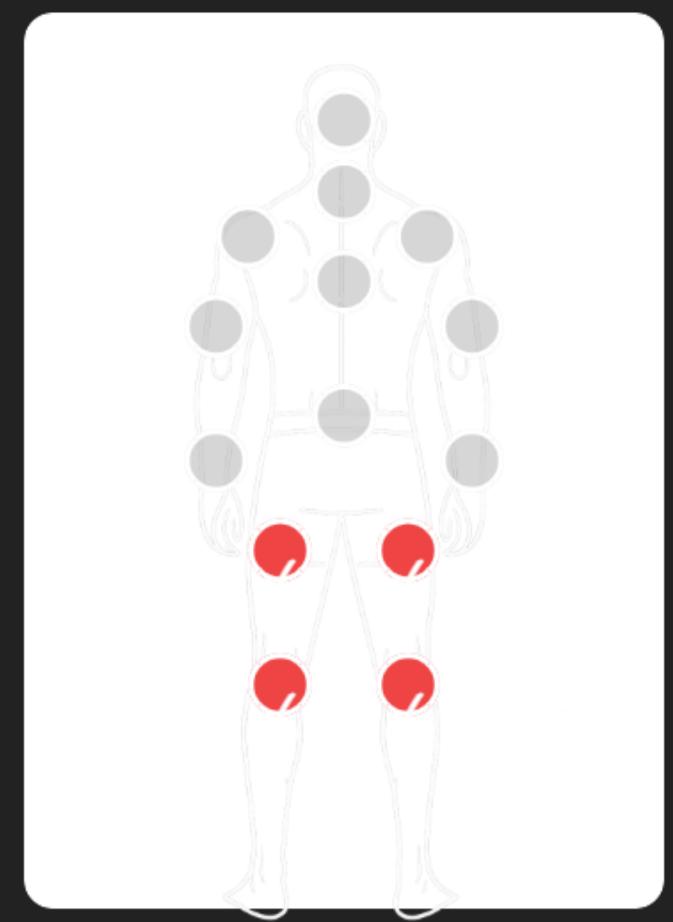
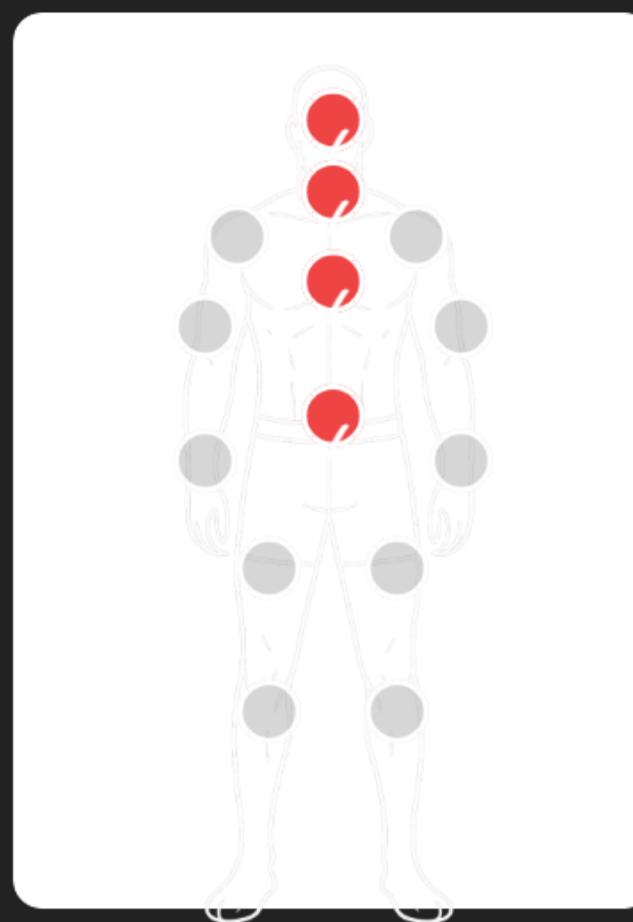
N/A

For Massage Only

Massage Pressure

N/A

Selected Body Parts



Head Neck Chest Abdomen Right Back Thigh
Left Back Thigh Left Back Leg Right Back Leg

Skin Type

Skin Type

N/A

Other Concerns

N/A

Customer Signature

A white rectangular box containing a handwritten signature.

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.