

Personal Details

Name
aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa

Phone
N/A

Nationality
N/A

Service
N/A

Treatment
N/A

How did you know about us?

Source
Social Media

Customer Health Condition

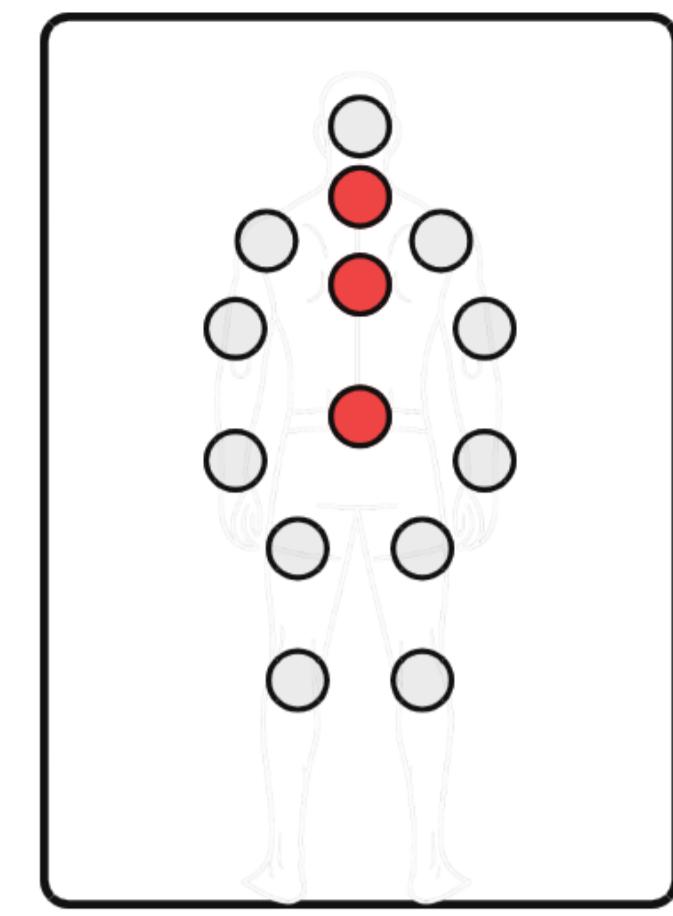
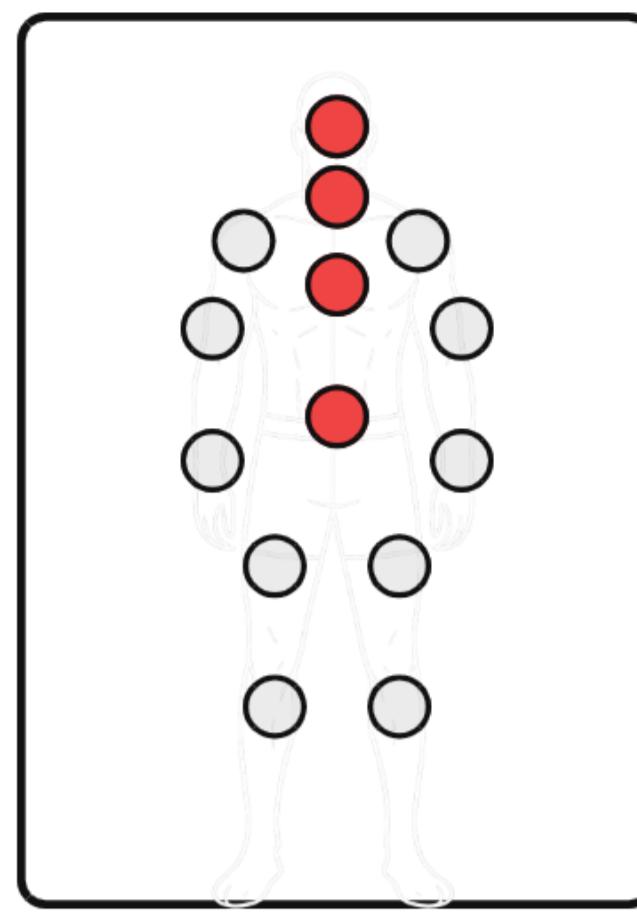
Health Conditions

Implants
N/A

For Massage Only

Massage Pressure
N/A

Selected Body Parts



Chest Neck Head Abdomen Lower Back
Upper Back Neck

Skin Type

Skin Type
N/A

Other Concerns

N/A

Customer 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.