

## Personal Details

Name  
aaaaaaaaaaaaaa

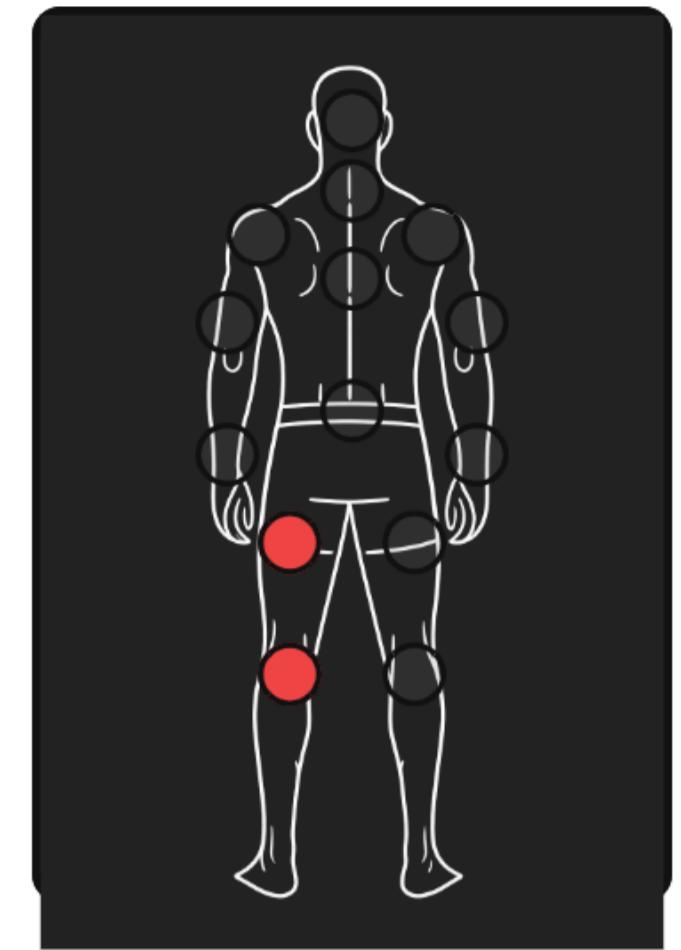
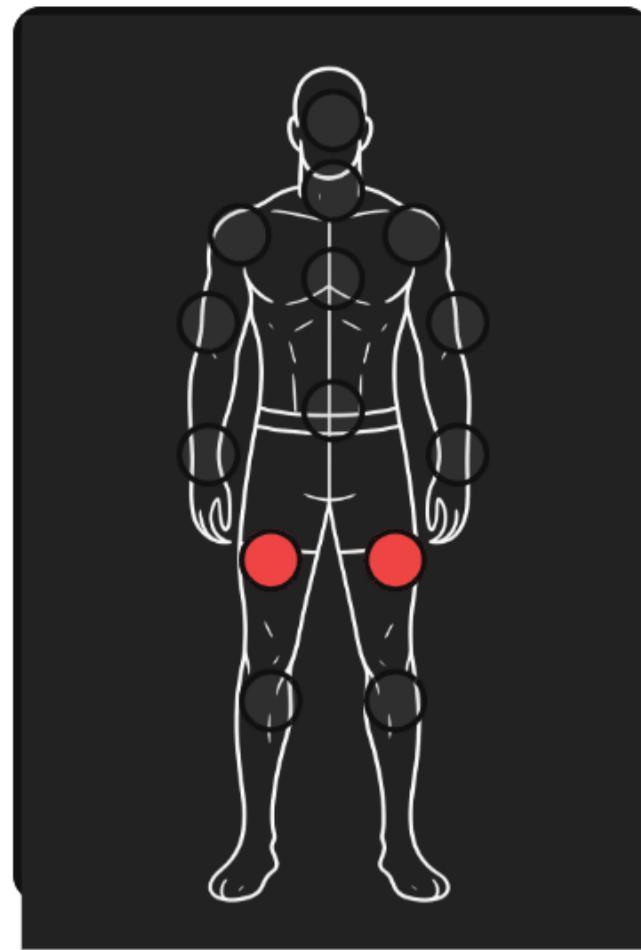
Phone  
N/A

Nationality  
N/A

Service  
N/A

Treatment  
N/A

## Selected Body Parts



Right Thigh    Left Thigh    Left Back Leg    Left Back Thigh

## How did you know about us?

Source

Social Media

## Customer Health Condition

Health Conditions

Implants  
N/A

## Skin Type

Skin Type  
N/A

## Other Concerns

N/A

## Customer Signature

A rectangular placeholder box with a thin gray border, intended for a handwritten signature.

## For Massage Only

Massage Pressure  
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.