



Hair & Beauty

**Tel: (01724) 294095**

**HAIRDRESSING CLIENT RECORD CARD**

Surname: .....

Forename(s): .....

Address: .....

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Telephone: .....

Date of Birth: .....

Dr. Name: .....

Dr. Address: .....

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Dr. Telephone: .....

Allergies: .....

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**I have read and understood ORA Regulations:**

Signature: .....

Date: .....



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Processing Time	Results	Student	Staff

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Date	Time	Test	Student	Client Sign

**Consultation Details:**  
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