Claudia's Body & Skin Care

Permanent Eye Curling and Tinting Chart

Name: ______________________________

Address: ______________________________

City and State: ______________________________

Home Phone: ______________________________

Work Phone: ______________________________

Cell Phone: ______________________________

Date of Birth: ______________________________

Do you ever have burning/itching skin/eyes?

Yes No

Are you claustrophobic? Yes No

Do you have allergies? Yes No
Laytex, Peroxide, etc.?
If yes; Explain: ______________________________

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Are you pregnant? Yes No
If yes, results may not be as effective.

Do you have any make-up, eye lotion,
or mascara on you today?
Yes No

Lashes
Thick or Fine

Short, Medium, or Long

*If you have thick lashes, it is recommended to curl lashes with eye lash curlers before procedure.

Brown Colors
Blonde, White, or No Pigment

Client Signature: ______________________________

Date	Notes