

ARCH & BROW STUDIO CLIENT INFORMATION

Date of Service: _____

Attach Copy of Client License

Name: _____

Phone: _____ Age: _____

May we contact you at these numbers if necessary? Yes No

Email: _____

Address: _____

-----*Below if for Internal Use Only – DO NOT FILL IN BELOW THIS*-----

Artist Performing Procedure: __Katie Reichart_____

Service: __Microblading_____

Design Used: _____

Location of Tattoo: _____

Blade Used: _____

Blade Lot#: _____

Pigment Color: _____

Pigment Lot #: _____

Exp Date: _____