The Ruby Lily Spa

Nails * Skin * Body

Welcome! I'm so happy to have you here. Here's some information I would love to have about you.

Name:		Tod <i>o</i>	ıy's Date:
Street Address:			
City:	State	Zip Code_	
Date of Birth:	(to receiv	/e your reminder	to get your 10% off)
Cell Phone:	Email:_		
Ok to receive spa hap	enings by email:	Yes, please!	_Sorry, no thank you
How did you hear abou	t the spa:		
What are your main co	ncerns for today's visi	t/service?	
Are there any servicesfacialsholistic treatmen Do you play any sports If yes, please provide	body treatments its (face and/or body) or exercise regularly?	face waxing addition Yesn	body waxing nal nail care No
		Vinyl Glo	ovesNitrile Gloves

Please explain your allergies so that I	can adjust your service as necessary:
PsoriasisCancerHig Heart DiseaseCirculatory iss	
What medications, Vitamins, if any, are	e you currently taking:
•	n not covered here that you believe may affect
<u>Please acknowledge t</u>	hat you agree to the following:
and/or Zelle only. Future payments codoes not clear the bank, you acknowled	eaving the Spa. For today's visit, I accept cash an be paid by check. If at any time your check dge and agree that you are responsible for the sociated with the return of your check. These Zelle immediately.
current information. Your signature al Lily Spa reserves the right to deny an health in any way. Thank you so muc	bove guidelines and have provided accurate and lso certifies that you understand that The Ruby my specific service to you that would affect your h for understanding and being agreeable to the l to treating you today and into the future.
Signature	 Date