

## CLIENT RECORD FOR INVASIVE PROCEDURES

(ear or body piercing, tattooing, micropigmentation, electrolysis, or any procedure that enters the skin or mucous membranes)

Premise Name:	
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Client name:	
Client address:	
Client phone number:	
Service Provider:	
Date of Service:	
Type of procedure:	

Part of body procedure was done to:	
Explanation of procedure/risks provided:	<input type="checkbox"/>
After care instructions provided:	<input type="checkbox"/>

Lot numbers and expiry dates of all prepackaged sterile equipment (if used):		
Equipment:	Lot:	Expiry Date (yyyy-mm-dd):
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<b>Notes:</b>