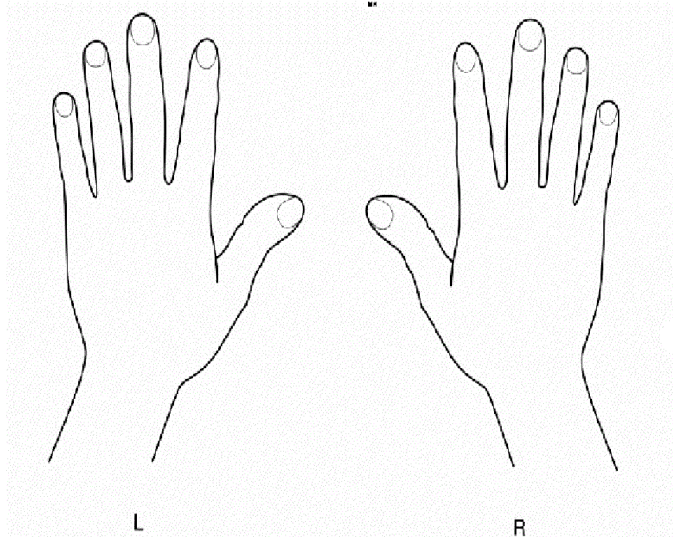


Manicure Consultation

Client Name: _____ Date: _____ Esthetician: _____

Chart on the hands any skin or nail conditions observed.



Desired Nail Shape:

Square Round/Square Round Round/Oval Oval Ballerina Stiletto

Cuticle Condition:

Normal Pterygium Dry Cracked Hangnail

Nail Condition:

Onychorrhexis Corrugations Beau's Lines Onychophagy Bruising Splinter Haemorrhage
Leukonychia Onycholysis

Contra-indications:

Warts Paronychia Onychia Onychomycosis Cuts/Abrasions Poison Ivy