Client record card

Nail studio

Name

Phone

Email

Birthday (optional)

Shape and length

Material (gel, acrylic, natural nail)

Appointment reminders by ☐ Email ☐ SMS

Allergies and intolerances

I agree that my information about allergies and intolerances may be recorded for my treatment. I can withdraw this consent at any time.

Date, signature

Notes

Treatment history

Date	Service	Colour, material	Done by

Salon Wizard
salon-wizard.com
Make room for your talent.
Blank template - adapt to your own business before use.