

Date \_\_\_\_\_

Salon name \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Salon Phone \_\_\_\_\_

Nail Tech/Cosmetologist (Please print) \_\_\_\_\_

Client's name \_\_\_\_\_

I am referring my client for possible medical attention for one or more of the following.

\_\_\_ Redness around the nail, foot, hand, fingers, face

\_\_\_ Accidental injury with nail/foot/hand care instrument

\_\_\_ Skin problem or rash

\_\_\_ Skin reaction to beauty product

\_\_\_ Nail discoloration

\_\_\_ Nail Thickness

\_\_\_ Nail pain

\_\_\_ Thin or brittle nails

\_\_\_ Foot pain

\_\_\_ Problem from acrylic, gel nails, nail wraps

\_\_\_ Painful thick skin or corns

\_\_\_ Other problem \_\_\_\_\_

Dear Doctor \_\_\_\_\_

I greatly appreciate you seeing my client and examining her for the above potential problem. If you determine she can continue my services, I have a form that you can authorize that allows her return with any restrictions or instructions.

Thank you for your assistance \_\_\_\_\_

Signature of Nail Technician or Cosmetologist