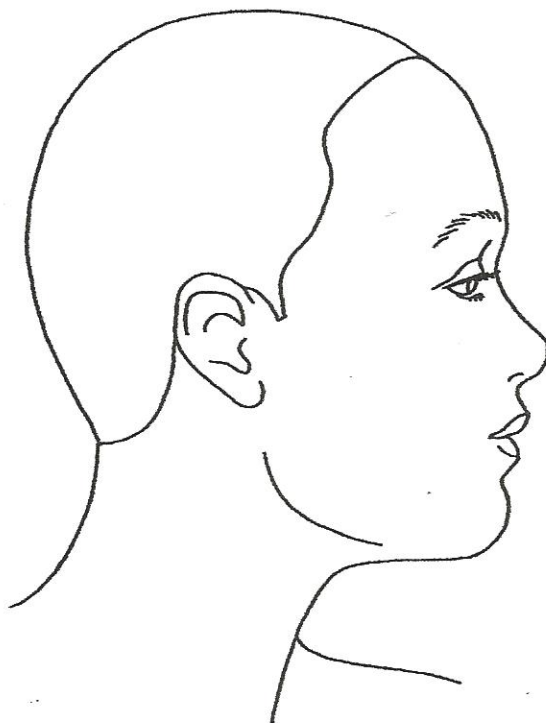
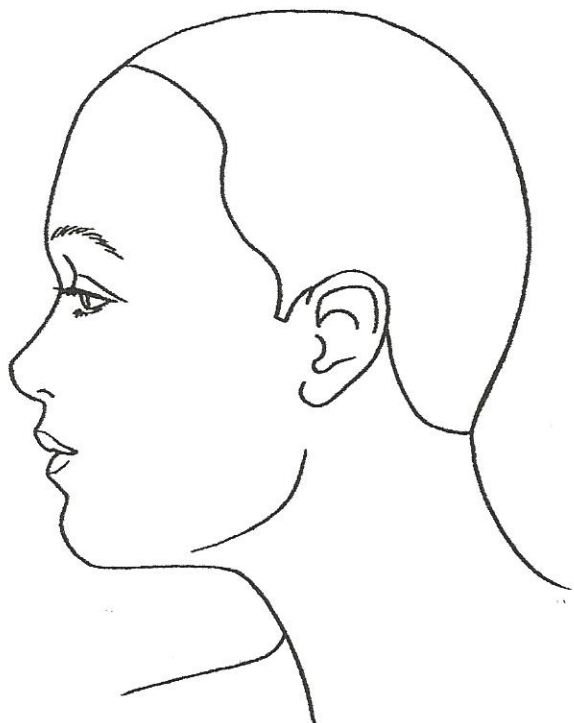
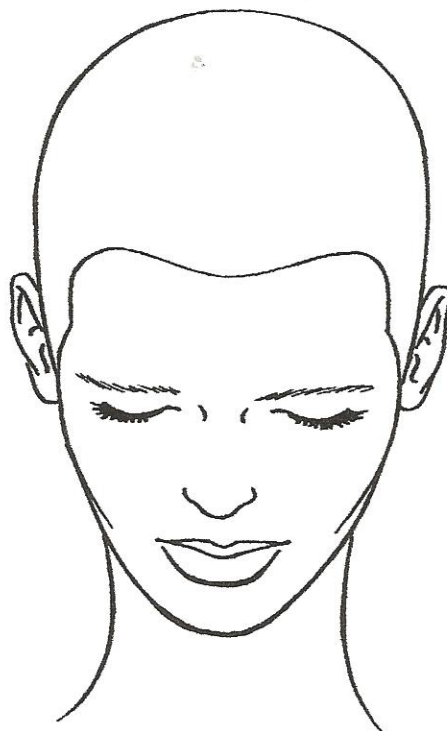
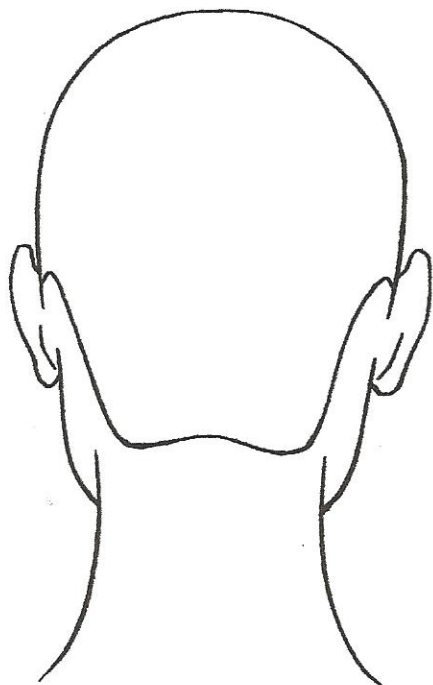


Client: _____

Extension Consultation Form

Stylist: _____



Notes:

Hair Color: _____

Hair Type: _____

Appointment Date/Time: _____

Deposit: _____

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