



OASIS SPA

### Customer Record

Full Name:	initials:	Sex	Room Number:
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- |                      |                        |                   |
|----------------------|------------------------|-------------------|
| 1. Muscle stiff      | 5. Heart Problems      | 9. Eczema         |
| 2. Back pain         | 6. High blood pressure | 10. Skin problems |
| 3. Headache          | 7. Any allergies       | 11. Sciatica      |
| 4. Stress Depression | 8. Asthma              |                   |

Others:

Therapist:	therapists:	Start Time:
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Date:	Treatment Time:
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Full Name:	initials:	Sex	Room Number:
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|-------------------|------------------------|-------------------|
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rs:

Therapist:	therapist:	Start Time:
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