

DIGITAL RESTORATION AND RETOUCH REQUEST

WORK ORDER#: _____

CLIENT INFORMATION:

Contact Person: _____
 Company: _____
 Address: _____
 City, ST, ZIP: _____
 Office Phone: _____
 Cell Phone: _____
 Home Phone: _____
 E-mail: _____

DELIVERY INFORMATION:

Call When Complete _____
 Deliver to Above Address: _____
 Deliver to Below Address: _____
 Contact Person: _____
 Company: _____
 Address: _____
 City, ST, ZIP: _____
 Hold for Pick-up _____

TURNAROUND INFORMATION:

Date/Time In: _____
 Date/Time Out: _____
 Normal _____
 Rush _____
 Emergency _____

ORIGINALS: TYPE NUMBER SIZE

Chrome: _____
 Image Number(s) _____

Negative: _____
 Image Number(s) _____

Print: _____
 Description: _____

Removable Media _____
 File Name: _____

Special Considerations _____

COPYRIGHT INFORMATION:

I/we the customer insure that I/we hold the legal copy-right for all that appears on the enclosed or delivered medium including, but not limited to – all types of film, prints, removable media, modem transmissions, and internet downloads. I/we, the customer, have full rights to request reproductions, restoration, and retouching for the supplied content.

Signature: _____ *Date:* _____

CLIENT REQUEST <i>Initials</i>	OVERALL RETOUCHING INSTRUCTIONS	CLIENT APPROVAL <i>Initials</i>
_____	Exposure Correction _____ <i>Global</i> _____ <i>Specific</i> _____	_____
_____	Contrast Correction _____ <i>Global</i> _____ <i>Specific</i> _____	_____
_____	Color Correction _____ <i>Global</i> _____ <i>Specific</i> _____	_____
_____	General Clean-up _____ <i>Dust & Mold</i> _____ <i>Scratches</i> _____	_____

**CLIENT
REQUEST**

Initials

FACE: SPECIFIC RETOUCHING INSTRUCTIONS

**CLIENT
APPROVAL**

Initials

Skin/Blemishes

_____ *Forehead* _____

_____ *Nose* _____

_____ *Cheeks* _____

_____ *Chin* _____

_____ *Neck* _____

Eyes

_____ *Eyewhites* _____

_____ *Iris/Color* _____

_____ *Eyebrows* _____

_____ *Eyelashes* _____

_____ *Make-up* _____

_____ *Catchlights* _____

Hair

_____ *Hairline* _____

_____ *Clean-up* _____

_____ *Color* _____

_____ *Shaping* _____

BODY: SPECIFIC RETOUCHING INSTRUCTIONS

_____ *Shoulders* _____

_____ *Arms* _____

_____ *Chest/Breasts* _____

_____ *Stomach* _____

_____ *Thighs* _____

_____ *Legs* _____

_____ *Feet* _____

CLOTHING: SPECIFIC RETOUCHING INSTRUCTIONS

_____ *Color* _____

_____ *Folds/Wrinkles* _____

_____ *Detailing* _____

ENVIRONMENT: SPECIFIC RETOUCHING INSTRUCTIONS

_____ *Color/Tone* _____

_____ *Focus* _____

_____ *Clutter/Clean-up* _____