

Makeup Continuity Sheet

Production:

Makeup Artist:

Date:

Actor/Character Name:

Scene(s):

Episode:

Makeup Call Time:

Makeup Wrap Time:

Camera/Look No.:

Makeup Details

Face	Eyes	Lips	Brows	Cheeks	Other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Wardrobe & Accessories Notes

Special Effects / Tattoos / Injuries

Touch-Up Notes

Continuity Photo(s)

Additional Notes