

Senior Salon Services Salon Services

Our facility offers professional hair care services. We have found residents' self-esteem increases when they feel beautiful. Please complete the information below and return this form to our beauty salon.

Residents Name: _____ **Room #** _____ **Date** _____

Permission given by: _____ **Phone #** _____

Your signature gives permission for the hair care and your agreement to pay for the services on a timely basis. Payment will be made from funds in the resident's account at our facility or you will be billed.

Following are the most commonly provided services. Please indicate with an "X" which services you wish, and how often.

Service	Price	Weekly	Bi-Weekly	Monthly	As Requested
Shampoo					
Conditioner					
Men's Haircut					
Men's Shampoo & Cut					
Beard/Moustache Trim					
Women's Haircut					
Women's Shampoo & Cut					
Shampoo & Style					
Shampoo, Cut & Style					
Color Rinse					
Color & Style					
Color, Cut & Style					
Shampoo, Press & Curl					
Shampoo, Cut, Press & Curl					
Perm, Cut & Style					
Relaxer, Cut & Style					
Manicure					
Polish Change Only					
Eyebrow Wax					
Lip Wax					
Chin Wax					
All Three Facial Waxes					
Bedside Service (Add)					
Wig Service (Add)					

PLEASE RETURN TO FRONT DESK OR BEAUTY SALON