

LINCOURT MANOR INC.

HAIRCARE SERVICES

Uninsured Service Authorization Form

Resident Name: _____

Room # _____

Hairdressing Services

Please check services authorized

Ladies Shampoo & Set	\$13.00	Frequency_____
Ladies Shampoo, Cut & Set	\$20.00	Frequency_____
Ladies Set	\$10.00	Frequency_____
Ladies Cut	\$12.00	Frequency_____
Color, Rinse	\$28.00	Frequency_____
Perm	\$46.00	Frequency_____
Men's Hair Cut	\$12.00	Frequency_____

NOTES/SPECIAL REQUESTS: _____

Signature of Resident or Representative: _____

Dated at this _____ day of _____, 20_____.