HAIRPIECE PRESCRIPTION FORM

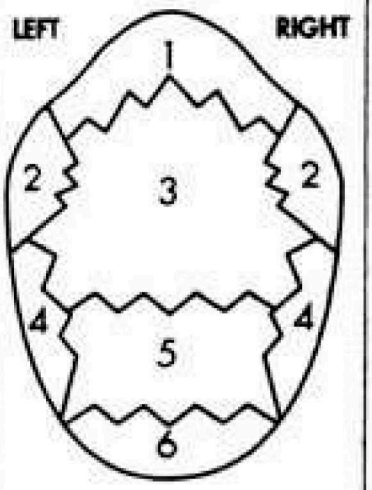
FOR REPAIR PURPOSES ONLY

ORDER #

COMPANY NAME _____ PRESCRIPTION DATE _____

PATIENT NAME _____ DATE RECEIVED AT "HPD" _____

SECTION CHART



TYPE OF HAIR

☐ HUMAN_____%

☐ SYNTHETIC_____%

No Generic hair is ever used-only the best for our patients

TYPE OF GREY

☐ SYNTHETIC ☐ HUMAN

BASE SURGERY (IF ANY)

FIX TEAR IN SECTION(S) _____

ADD NEW TAPE PATCH IN

☐ FRONT ☐ SIDES

☐ CROWN ☐ BACK

☐ ALL AROUND

LACE FRONT SURGERY (IF ANY)

☐ SURGICALLY REMOVE OLD LACE FRONTAL AND SUTURE NEW FRONTAL ENCLOSED

"OR"

☐ AMPUTATE OLD LACE FRONTAL AND SUTURE NEW FACTORY BUILT FRONTAL (EXTRA COST)

* ALL REPAIRS ARE PERFORMED UNDER STERILE CONDITIONS. YOUR HAIRPIECE WILL NOT GET AN INFECTION

BASIC "HAIR ADD" INFORMATION

1) ADD HAIR IN SECTIONS_____

2) "FINISHED" DENSITY?

SECTIONS 1____ 2____ 3____ 4____ 5____ 6____

XL=EXTRA LIGHT, L=LIGHT, ML= MEDIUM LIGHT, M= MEDIUM

MH = MEDIUM HEAVY, H= HEAVY, EH = EXTRA HEAVY

GREY % INFORMATION (SELECT ONE)

☐ MATCH GREY% AS SEEN IN HAIRPIECE

OR

TOTAL GREY % : SECTIONS 1____ 2____ 3____ 4____ 5____ 6____

OR

ADDITIONAL GREY% TO HAIR PIECE: SECTIONS 1____ 2____ 3____ 4____ 5____ 6____

"HAIR ADD" FOR LENGTH PURPOSE

* FILL IN THIS SECTION IF HAIR IN HAIRPIECE WAS CUT TOO SHORT AND YOU WANT LENGTH TO CORRECT THIS.

ADD HAIR LENGTH TO SECTION?_____

HAIR LENGTH DESIRED? _____

☐ CHECK HERE FOR MORE POSTAGE PAID MAIL BAGS QUANTITY?_____

SPECIAL INSTRUCTIONS:

THE HAIRPIECE DOCTORS

3837 Tangle Oak Drive, Clemmons, NC 27012

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