



The Atrium Salon Request Form

Name of individual requesting salon services: _____

Resident/Patient name: _____ Room #: _____

Is the resident/patient on Oxygen? (circle one): YES NO

If yes, how long can they be off Oxygen? _____

Indicate frequency desired for service(s) requested:

Weekly _____ Every Other Week _____ One Time Only _____

Check if Desired	Service type	Price	Optional Tip Amount	Special Instructions
	WOMEN'S CUT – (includes shampoo and blow dry style)	\$18.00		
	CURLING IRON STYLE WITH COMB OUT - Add on service only	\$7.00		
	SET WITH COMB OUT- Add on service only	\$12.00		
	MEN'S CUT – (includes ears, nose, and eyebrow trim)	\$15.00		
	BEARD/MUSTACHE/NOSE TRIM- Add on	\$5.00		
	SHAMPOO/SET ONLY	\$22.00		
	SHAMPOO/BLOW DRY/CURLING IRON	\$20.00		
	SHAMPOO/BLOW DRY ONLY	\$12.00		
	PERM (Includes Haircut, Shampoo, Set)	\$60.00		Tight__ Medium__ Body__
	COLOR (Permanent)	\$30.00		Color Requested: _____
	COLOR RINSE	\$10.00		Color Requested: _____
	HOT OIL TREATMENT	\$8.00		
African American styling (prices include chemical treatment):				
	SHAMPOO/PRESS/CURL	\$45.00		
	RELAXER	\$60.00		
	SHAMPOO/SET	\$20.00		
	Women's Cut- Add on to above services	\$12.00		
Total				

***Resident/Responsible Party Approval:** _____ **(required)**

Signature/Date

Request Received by: _____

Initial/Date