

# BEAUTY SHOP PRICE LIST/REQUEST FORM

(Please complete and return this form to the Front Office Receptionist)

**Shampoo** **\$5.00**

**Shampoo & Set** **\$18.00**

**Haircut** **\$16.00**

**Color Application** **\$20.00**  
*(Price does not include color; resident or family must provide color.)*

**Temporary Color Rinse** **\$1.50**

**Perm** **\$60.00**

**Shampoo, Blow Dry & Iron** **\$18.00**

**Shampoo, Blow Dry** **\$16.00**

**Name:**\_\_\_\_\_

**Amount**\_\_\_\_\_ **Paid:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Tip:**\_\_\_\_\_ **Room #:**\_\_\_\_\_

**Withdrawal from Resident Account:**\_\_\_\_\_

**Signature:**\_\_\_\_\_

*(If removing from account, funds must be checked prior to this form being sent to Marge)*

***Patient/Resident/Representative***