



# New Hair System

Date of Order \_\_\_\_\_

Company Name \_\_\_\_\_

Date \_\_\_\_\_

CLIENT'S NAME \_\_\_\_\_

TECHNICIAN'S NAME \_\_\_\_\_

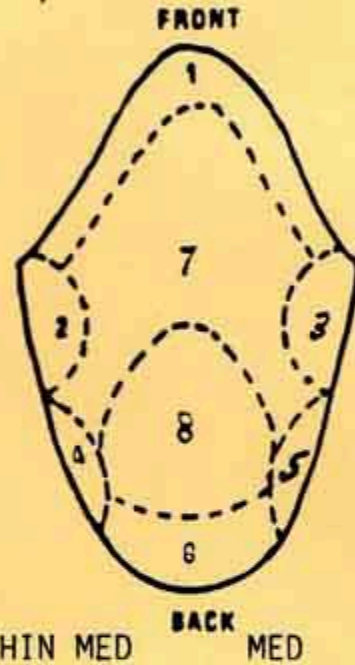
Type of Service    Hair Add ( )    Color ( )    Repair Base ( )

Areas Needing Hair

Additional Services

- Front ( )
- Left temple ( )
- Right temple ( )
- Left above ear ( )
- Right above ear ( )
- Back ( )
- Top ( )
- Crown area ( )
- Crown ( )
- Part or part area ( )

- ( ) Deep Cleaning
- ( ) Deep Conditioning
- ( ) Detangling
- ( ) Replace Clips
- ( ) Bleach Knots Re-do
- ( ) Re-Coat Poly
- ( ) Front-Lace Repair
- ( ) Tear Repair



Hi Lite # %

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

DENSITY - (Circle)

THIN

THIN MED

BACK

MED

HEAVY

TYPE OF VENTING

Single (Flat) - ( )    1/2 Single (Split) - ( )    1/2 Double (Stand Up) - ( )

HAIR LENGTH TO BE ADDED - Circle

6"    8"    10"    12"    16"    18"    20"

LEFT CROWN	CENTRE CROWN	RIGHT CROWN	RIGHT PART	CENTRE PART	LEFT PART	ALL BACK

Special Instructions