

Do you take any prescription medication? (If yes, please specify)	
Which system do you require from the list of non-surgial hair replacement systems? (Please tick)	Lace system (toupee)
	Skins system (toupee)
	Poly skin and lace systems (toupee)
Do you have exessive hair shedding?	
Do you currently have cancer or have you previously had cancer and are in remission past 1 to 2 years?	
Do you eat healthy and have a good balanced diet?	
Do you sweat a lot without doing any activities?	
Colour of client's own hair from colour ring? (Please cirlce)	1 1B 2 4 6 8 10 12 16 18 22 24 27 30 33 61 60
Do you require highlights, or grey in hair? (Please tick)	Yes
	No
FOR THE CONSULTANTS USE	
Base material (Please tick) What adhesive would you prefer to use?	French lace
	Swiss lace
	French lace poly perimeter
	Swiss lace poly perimeter
	Thin skin
	Bond
	Таре
	Clips
	Mixture (Please specify)
Price of hair replacement system	
Deposit paid	
How did you hear about us?	