

# Patient Application



Wigs for Kids Canada  
244 Grantham Avenue  
St Catharines ON L2M 4Z4  
905.937.1623  
info@wigsforkids.ca  
www.wigsforkids.ca

## Office Use Only

Date Received:	Consultation Date:
Location of Consultation:	
Address or Room Number:	
Retail value of hair replacement package: \$	
Donation to "Wigs For Kids" by patient: \$	

## Patient Information

Name:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age:
Address:	City:		
Province:	Postal Code:	Phone No: ( )	
Name of School:	City:		
Parent/Guardian Signature:			

## Medical Information

Are you undergoing medical treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what type of treatment?		
Have you already experienced hair loss?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Physician:	Hospital/Office Location:	

## Insurance Information

Do you have medical Insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, name of insurance company:		
Policy Number:		
Do you know if your insurance policy covers prosthetic devices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Referral Information

Name of Organization/ Hospital:			
Phone No: ( )			
Referral Representative:	Doctor: <input type="checkbox"/>	or Nurse: <input type="checkbox"/>	Social Worker: <input type="checkbox"/>
Other:			
Address:			
City/Province/Postal Code:			

Signature of Representative: \_\_\_\_\_

Over

## Sales Order

Prosthesis Type		Custom Design and Fitting		Total Charges	
Partial Cranial	\$	Consultation	\$	Prosthesis 1 2 3	\$
Top Cranial	\$	Measurement	\$	Fibre Selection	\$
3/4 Cranial	\$	Lab Fee	\$	Sales Tax	\$
Full Cranial	\$	Photos	\$	Custom Design Fit	\$
Hair Integration	\$	Prep Unit	\$	Product/Service Pkg	\$
Facial Pros	\$	Cut In	\$	Special Services	\$
Tropical Pros	\$	Attachment	\$	Sub Total	\$
Other	\$	Adjustments	\$	Less Deposit	\$
<b>Total</b>	<b>\$</b>	Base Check	\$	<b>Balance Due</b>	<b>\$</b>
		Maintenance	\$		
		Check Up	\$		
		Fibre Process	\$		
		<b>Total</b>	<b>\$</b>		

## Manufacturing Information

INVOICE# \_\_\_\_\_ New Order  Re-order  Remake

Manufacture of Selection \_\_\_\_\_ HP# \_\_\_\_\_ ACT# \_\_\_\_\_

Manufacturing Type: Stock  Pre-Custom  Custom  In-House Custom

Number of Replacements: \_\_\_\_\_ Colour: \_\_\_\_\_ Style: \_\_\_\_\_ Fibre: \_\_\_\_\_

Hair Loss Category: MRB  Long  Short  MPB  FPB

Attachment: Daily  Semi Extended  Extended  CTR  Date: \_\_\_\_\_

Bill to: \_\_\_\_\_ Ship to: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

## Wigs for Kids Chapter Information

Name of Chapter: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

Wigs for Kids is a non-profit organization that exists only for donations. That is why we need your help in providing the necessary information. Please be advised that all avenues of financial support should be considered. Donations and partial payments are always appreciated and a way to insure that the next child will receive a hair-piece. Our mission is to help children look themselves and with your help we will continue.

This is to confirm that on this date I have taken delivery of my hairpiece: \_\_\_\_\_

Signature or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_