



Treasured Locs & Tips Medical Units

**13100 Wortham Center Drive, 3rd Floor #1036
Houston, TX 77065**

800-773-8971

info@treasuredlocsandtipsmedical.com

Letter of Medical Necessity for Cranial Prosthesis

Date: ___/___/___

Name: _____

Contact Number: _____

Health Information: _____

Address: _____

City, State, Zip Code: _____

Insurance Number: _____

RE: Coverage for:

Name: _____

DOB: ___/___/___

Diagnosis: _____

Insurance policy number: _____

Policyholder Information: _____

Insurance Company Information: _____

Additional: _____



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Date: ___/___/___

Name: _____

DOB: ___/___/___

Diagnosis: _____

Group Policy: _____

Policyholder Information: _____

Personal Statement



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CLIENT FACT SHEET

What is a Cranial Prosthesis?

A cranial prosthesis, also known as a medical grade wig, is a specially designed hair replacement system for individuals experiencing hair loss due to medical conditions, medical treatments, or other factors. It is a non-surgical solution that replicates the appearance of natural hair and is custom-made to fit each individual's unique need.

Who Can Benefit from a Cranial Prosthesis?

A cranial prosthesis can benefit individuals who are experiencing partial or complete hair loss caused by various medical conditions, including but not limited to:

- Alopecia areata
- Alopecia totalis or universalis
- Chemotherapy-induced hair loss
- Trichotillomania
- Radiation therapy-related hair loss
- Hair loss due to trauma or burns

Benefits of Cranial Prosthesis:

Natural Appearance: Cranial prostheses are crafted to closely resemble natural hair, providing a realistic and seamless appearance. They can be styled and customized to match your preferred hair color, texture, and style.

Comfort and Convenience: Cranial prostheses are designed to be lightweight, breathable, and comfortable to wear. They are custom-fitted to ensure a secure and natural fit, allowing for easy and hassle-free daily use.

Improved Confidence and Self-esteem: Hair loss can significantly impact one's self-image and confidence. By restoring a full head of hair, a cranial prosthesis can help enhance self-esteem, boost confidence, and promote a positive body image.

Versatility: Cranial prostheses offer versatility in terms of hairstyles, allowing you to change your look effortlessly. They can be styled, cut, and shaped to suit your preferences, providing you with the freedom to express your personal style.



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CONSENT FORM

I understand that the cranial prosthesis or medical wig is a medical grade hair replacement option intended for aesthetic and psychological well-being, and it is not a medical treatment or cure for any underlying condition.

I have been informed about the nature and purpose of the services provided, which include the fitting, customization, and provision of cranial prosthesis or medical wigs.

I have voluntarily elected to select a cranial prosthesis or medical wig after the nature and purpose has been explained to me, along with the risks and hazards involved by Treasured Locs & Tips Medical Units.

I give permission to my cranial prosthesis specialist to perform the treatment we have discussed and will hold her and her staff harmless from any liability that may result from this treatment.

The risks, benefits, and results have been explained to me. I have been provided the opportunity to ask questions and received satisfactory responses.

I understand that the cranial prosthesis or medical wig may require adjustments and modifications during the fitting process to ensure proper fit and comfort.

I acknowledge that the cranial prosthesis or medical wig may have limitations in terms of style, color, texture, and appearance, and there may be variations from natural hair.

I understand that any guarantees or warranties provided by the manufacturer or supplier of the cranial prosthesis or medical wig are separate from the services provided by Treasured Locs & Tips Medical Units, and I am responsible for following the manufacturer's guidelines for any warranty claims or repairs.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ALL THE INFORMATION IN THIS AGREEMENT AND I COMPLETELY UNDERSTAND IT BY SIGNING BELOW

Client Signature

Date

Technician Signature

Date



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CONSULTATION FORM

PERSONAL INFORMATION

Name: _____ DOB __/__/____ Date of Consultation: __/__/____

Address: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email: _____ Gender: M F O

Emergency Contact Details _____

HEALTH INFORMATION

Do you have any medical condition that can cause cranial prosthesis and medical wigs to be unsuitable? _____ Yes No

Do you suffer from Alopecia? Yes No

Do you have Eczema, skin problems, Psoriasis in the scalp, head or neck area? Yes No

Do you have any dermatological conditions on your scalp? Yes No

Are you experiencing hair Thinning Shedding Both

Do you have an any allergy on latex, adhesives, or specific hair care product ingredients (e.g. fragrances, dyes, preservatives)? Yes No

Do you have any allergies to the cranial prosthesis or wig materials ? Yes No

Do you have any allergies? _____ Yes No

Do you have History of undergoing chemotherapy or radiation therapy for cancer treatment? Yes No

Kindly include the dates and duration of treatment _____ NIL

(not applicable)



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HEALTH INFORMATION

Do you have Thyroid disorders or Disease ? Yes No

Do you have Lupus ? Yes No

Do you have history of hormonal imbalances or disorders ? Yes No

Do you take any medication that affect your hair growth? Yes No

Please list any current medications you are taking, including dosage and frequency Yes No

Are you using any supplements or herbal remedies that may affect hair or scalp health? Yes No

Have you undergone any previous surgeries, particularly those related to the scalp, head, or neck area? Yes No

Kindly include the dates and duration _____ NIL
(not applicable)

Is there a family history of hair loss or scalp conditions among immediate family members (parents, siblings)? Yes No



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HAIR INFORMATION FORM

DESIRED HAIRSTYLE

- Length of client's desired hair Short Medium Long
- Specific hairstyle preferences Straight Wavy Curly
- Desired overall hair volume Fine Medium Thick
- Desired density of the hair Full-bodied Light Airy
- Desired color Black Brown Blonde
 Red Custom Color

Custom Color Details _____

- Specific measurements or references for the desired length Short Medium Long
 Very Long
- Specific color patterns or techniques Ombre Balayage Mono
 Highlights Two-Tone Color Melt
- Desired fringe or bangs style Straight-across Layered Bangs Side-swept
- Specific areas of the head where the client would like more volume Crown Sides Front
- Specific areas of the head where the client would like less volume Crown Sides Front

Additional Comments _____



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SERVICE INFORMATION

SERVICE INFORMATION

Cranial prosthesis or Medical wig Brand	_____
Material	_____
Length	_____
Color	_____
Method	_____
Additional	_____
Additional	_____

PRICING INFORMATION

Total Price	_____
Deposit	_____
Maintenance	_____
Additional	_____
Additional	_____
Additional	_____



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CANCELLATION POLICY

Payment: Payment in full must be received on or before the first day of treatment. We offer the following payment options:

Cash or Check: We accept Cash, or Cashier's checks for payment for treatments.

Credit Cards: We accept Visa, MasterCard, American Express and Discover.

Punctuality: Please arrive 15 minutes early so you can prepare for your appointment and enjoy the experience.

Arriving late: By arriving late, you will disrupt your treatment, reducing the time available for the appointment. Your appointment will end at your scheduled time and there will be no disruption with the next appointment.

No show: We recommend that you get in touch with us and let us know if you will be late. No shows lead to the disengagement or voiding of any agreements you may have with our office.

Should you fail to arrive for your scheduled appointment without notifying us in advance, your deposit or future appointments may be forfeited.

Cancellation: The scheduling policy of our office is very strict due to the time constraints of treatments. Due to this, we ask that you respect our one-week cancellation/rescheduling policy.

Client Signature

Date

Technician Signature

Date



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CANCELLATION POLICY (PG 2)

Cancellation: We adhere to a strict one-week cancellation/ rescheduling policy. In the event you fail to reschedule your appointment one week prior to the initial appointment, cancel your appointment, or do not appear, you may forfeit your future appointments as well as any unused money or deposits.

An appointment cancelled 8 or more days before it is normally scheduled will result in a 5% loss of all fees to cover credit card charges.

There will be a 25% fee loss if you cancel four to seven days prior to your scheduled appointment time.

If you cancel less than 72 hours before your scheduled appointment date, you will be charged 50% of the total fee.

After the initial appointment no refunds are allowed.

Client Signature

Date

Technician Signature

Date



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AFTERCARE GUIDE

Handling and Storage:

- Handle the cranial prosthesis or medical wig with clean hands to avoid transferring dirt or oils.
- When not in use, store the hairpiece on a wig stand or in a clean, breathable storage bag to maintain its shape and prevent tangling.

Cleaning and Washing:

- Follow the manufacturer's instructions for washing and cleaning the cranial prosthesis or medical wig.
- Use gentle, wig-specific shampoos and conditioners to maintain the quality and integrity of the hairpiece.
- Avoid rubbing or twisting the hair during washing to prevent tangling.
- Rinse the wig thoroughly with cool water and gently pat dry with a clean towel. Avoid wringing or squeezing the hair.
- Allow the wig to air dry completely before styling or storing.

Styling and Heat:

- Use wig-specific styling products and tools to minimize damage to the hairpiece.
- Avoid excessive heat from hair dryers, curling irons, or straighteners as it can cause damage to the synthetic or human hair fibers.
- If heat styling is necessary, use low heat settings and apply a heat protectant product to the hairpiece.

Brushing and Detangling:

- Use a wide-toothed comb or a wig brush with soft bristles to gently detangle the hairpiece, starting from the ends and working your way up.
- Avoid pulling or tugging on the hair to prevent shedding or damage.
- For curly or wavy hairpieces, use your fingers or a wide-toothed comb to maintain the texture and prevent frizz.



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AFTERCARE GUIDE

Avoiding Environmental Damage:

- Protect the cranial prosthesis or medical wig from excessive exposure to sunlight, heat, or humidity, as these factors can affect the quality and longevity of the hairpiece.
- If swimming, protect the hairpiece by wearing a swim cap or keeping it secured and away from chlorinated or saltwater.
- Avoid sleeping or lying down with wet hair to prevent matting or tangling.

Maintenance and Regular Check-ups:

- Schedule regular check-ups with your trichology specialist or wig professional for maintenance and adjustments as needed.
- Maintain a regular cleaning schedule to keep the hairpiece fresh and free from buildup.
- If you experience any discomfort, irritation, or changes in the fit or appearance of the cranial prosthesis or medical wig, consult with your specialist for appropriate adjustments or modifications.



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PHOTO RELEASE WAIVER

If you give us permission to take photos of your finished look, please check the appropriate boxes:

- My photographs may be used for display and/or educational purposes within the salon
- I give permission for my photographs to be used within printed publications
- I give permission for my photographs to be used on the salon's social media pages and/or website
- I do not want my photograph taken

I understand and agree that these materials shall become the property of Treasured Locs & Tips Medical Units and will be not returned.

This authorization extends to all languages, media, formats and markets known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

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Client Signature

Date

Technician Signature

Date



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VIDEO RELEASE WAIVER

Please tick the relevant boxes if you give us permission to take videos of your finished look:

- I give permission for my videos to be used within the salon for educational purposes
- I give permission for my videos to be used on the salon's social media pages and/or website
- I do not want my video taken

I understand and agree that these materials shall become the property of Treasured Locs & Tips Medical Units and will be not returned.

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