

# Fourth Floor *salon*

Sponsored by Volunteer Services

UIHC Fourth Floor Salon E424 GH 356-1996

## Request for service without charge

By completing this form, shampoos, cuts, styles, and detangles are available without charge to inpatients who would benefit and whose financial situation makes payment a challenge.

Name of health care professional requesting service: \_\_\_\_\_

Inpatient name: \_\_\_\_\_ Unit: \_\_\_\_\_

Service requested: \_\_\_\_\_ Price: \_\_\_\_\_

*I concur that this service is needed, and payment would be a hardship for this inpatient:*

Signature of the supervising Nurse Manager: \_\_\_\_\_ Date: \_\_\_\_\_

(Required)

Present this completed form in lieu of payment at the appointment. Please have form completed prior to service beginning.

**IOWA**  
**HEALTH CARE**