

**Request for Service without Charge**  
**UI Hospitals and Clinics Fourth Floor Salon, E424 GH, 356-1996**  
***sponsored by Volunteer Services***

All inpatients receive a 15% discount on our Salon services. In addition, 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 (if known): \_\_\_\_\_

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

Signature of Supervising Nurse Manager \_\_\_\_\_ Date: \_\_\_\_\_  
(required)

**Present this completed form in lieu of payment at appointment**

This form available on-line: [www.uihealthcare.com/volunteer/](http://www.uihealthcare.com/volunteer/)