

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/