



**Treasured Locks & Tips Medical Units**

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

800-773-8971

info@treasuredlocksandtipsmmedical.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: \_\_\_\_\_





## Treasured Locs & Tips Medical Units

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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	<input type="checkbox"/> Short	<input type="checkbox"/> Medium	<input type="checkbox"/> Long
Specific hairstyle preferences	<input type="checkbox"/> Straight	<input type="checkbox"/> Wavy	<input type="checkbox"/> Curly
Desired overall hair volume	<input type="checkbox"/> Fine	<input type="checkbox"/> Medium	<input type="checkbox"/> Thick
Desired density of the hair	<input type="checkbox"/> Full-bodied	<input type="checkbox"/> Light	<input type="checkbox"/> Airy
Desired color	<input type="checkbox"/> Black	<input type="checkbox"/> Brown	<input type="checkbox"/> Blonde
	<input type="checkbox"/> Red	<input type="checkbox"/> Custom Color	
Custom Color Details _____			
Specific measurements or references for the desired length	<input type="checkbox"/> Short	<input type="checkbox"/> Medium	<input type="checkbox"/> Long
	<input type="checkbox"/> Very Long		
Specific color patterns or techniques	<input type="checkbox"/> Ombre	<input type="checkbox"/> Balayage	<input type="checkbox"/> Mono
	<input type="checkbox"/> Highlights	<input type="checkbox"/> Two-Tone	<input type="checkbox"/> Color Melt
Desired fringe or bangs style	<input type="checkbox"/> Straight-across	<input type="checkbox"/> Layered Bangs	<input type="checkbox"/> Side-swept
Specific areas of the head where the client would like more volume	<input type="checkbox"/> Crown	<input type="checkbox"/> Sides	<input type="checkbox"/> Front
Specific areas of the head where the client would like less volume	<input type="checkbox"/> Crown	<input type="checkbox"/> Sides	<input type="checkbox"/> 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.

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

_____	_____
<i>Client Signature</i>	<i>Date</i>
_____	_____
<i>Technician Signature</i>	<i>Date</i>



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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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\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Technician Signature*

\_\_\_\_\_  
*Date*