

customer / salon _____

order no.

client's name _____

date

previous order no. _____

enclosed

top priority production yes no
amount of units ordered 1 pc. 2 pcs. ___ pcs.
mold enclosed yes no

mold
 cap for ventilation
 sample unit client gfh
 hair sample client gfh
 hair enclosed client gfh _____ g

1 | SIZE

circumference _____ cm length _____ cm width _____ cm

2 | BASES



LIGHT VOLUME



COMBI 9139



MICRO VOLUME



MICRO VOL. MONO



MEDILACE



OPTIMA R

3 | GRID SIZE

7 x 7 mm 15 x 15 mm
 5 x 5 mm 12 x 12 mm
 10 x 10 mm 20 x 20 mm
 _____ x _____ mm

4 | NET MATERIAL

german mono
 polyester PB 6
 nylon (micro volume)
 polyester PB 4
 medilace 5 mm
 medilace 10 mm

5 | TYPE OF BINDING

Lace Front: _____ mm
 PU-width: _____ mm
 medilace ribbon: 5 mm
 medilace ribbon: 10 mm
 hand crochet / fold

6 | PART/CROWN WITH

NB2
 skin (PU)
 with medilace underlayer
 DF-Part / F-Part

7 | STYLE

<p>part</p> <p><input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> middle</p>			<p>crown</p> <p><input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> middle</p>			<p>break</p> <p><input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> middle</p>			<p><input type="checkbox"/> freestyle</p> <p><input type="checkbox"/> with bangs</p>	<p>brush back</p> <p><input type="checkbox"/> brush back lift / freestyle</p> <p><input type="checkbox"/> brush back</p>
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8 | COLOR

	front	top	sides	back
hair color #				
additional color #		%	%	%
spot color # / spot diameter	mm	%	%	%

spots see mold according to color ring _____ according to hair sample _____

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9 | HAIR QUALITY

european hair remy hair human hair synthetic fiber **grey hair to be:** human hair synthetic heat resistant

10 | DENSITY

	%	front	top	top II	temples	sides	back
extra light	60%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
light	80%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
medium / light	90%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
medium	100%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
heavy	120%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
very heavy	150%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11 | UNDERLOOPING

yes no front only all around | color: _____ number of rows: _____

12 | CURLING

	front	top	top II	sides	back
15 mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26-28 mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32-35 mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

chemical perm water curl no curling

13 | HAIR LENGTH

	front	top	sides	back
cm	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

14 | SPECIAL INSTRUCTIONS

- cut all ends short _____ mm
- cap for approval
- hair for approval
- hair to follow
- clips:
pcs: _____
- color: _____
- size: _____