

customer / salon _____

repair no.

client's name _____

date

previous order no. _____

enclosed

top priority production yes no
mold enclosed yes no

mold
 hair samples client gfh
 hair supplied client gfh _____ g

1 | COLOR

remake tape tabs replace elastic add clips

<input type="checkbox"/> add hair	front	top	top II	temples	sides	back
hair color #						
additional color #	%	%	%	%	%	%
spot color # / spot diameter mm	%	%	%	%	%	%

according to color ring _____

according to hair sample _____

2 | STYLE

part			crown			break			freestyle	brush back	slider
<input type="checkbox"/> left	<input type="checkbox"/> right	<input type="checkbox"/> middle	<input type="checkbox"/> left	<input type="checkbox"/> right	<input type="checkbox"/> middle	<input type="checkbox"/> left	<input type="checkbox"/> right	<input type="checkbox"/> middle	<input type="checkbox"/> with bangs	<input type="checkbox"/> brush back lift / free-style	<input type="checkbox"/> slider
									<input type="checkbox"/> brush back		

3 | DENSITY

add hair to reach equal density all over

	%	front	top	top II	temples	sides	back
ext. 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"/>
med./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"/>

4 | 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 curl
 water curl
 no curling

5 | UNDERLOOPING

yes no front only all around

color: _____ number of rows: _____

6 | HAIR LENGTH

	front	top	sides	back
cm				

7 | HAIR QUALITY

european hair remy hair human hair synthetic fiber

grey hair to be: human hair synthetic heat resistant

8 | SPECIAL INSTRUCTIONS

cut all ends short _____ mm
 acid treatment

9 | SECTIONS

- ① front
- ② temples
- ③ top I
- ④ sides
- ⑤ top II
- ⑥ back

