<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How did you hear of the Great Lengths hair extension service?</td>
</tr>
<tr>
<td>2. How did you hear of the Salon/Extension artist?</td>
</tr>
<tr>
<td>3. What is your reason for wanting Great Length hair extensions?</td>
</tr>
<tr>
<td>4. Have you ever worn hair extensions before?</td>
</tr>
<tr>
<td>5. If yes, when and what type?</td>
</tr>
<tr>
<td>6. During any of these services, did you experience excess hair loss or damage to your natural hair? If yes elaborate.</td>
</tr>
<tr>
<td>7. Are you interested in Great Lengths to help you “grow out” your hair from its present condition?</td>
</tr>
<tr>
<td>8. What is the longest your hair will grow?</td>
</tr>
</tbody>
</table>
9. When was the last time you let it grow to that length? ________________________________

10. What was your reason for cutting it? ____________________________________________

11. What is your long term goal for your hair? _______________________________________

12. How long do you want your hair?
   - Bang ____________________  Sides ____________________
   - Crown ____________________  Nape ____________________

13. Where do you want to see volume?  Bottom of the hair___________, or throughout___________

14. Where do you want to see more length?
   - Bang ____________________  Sides ____________________
   - Crown ____________________  Nape ____________________

15. What is your normal maintenance program? _________________________________________

16. What products do you use at home and how frequently? _____________________________

17. Do you and how often do you get the following services?
   - Color ____________________
   - Highlights/ Lowlights ____________________
   - Perm ____________________
   - Relaxer ____________________

18. How often do you like to change your style or hair color? ____________________________

19. Does your hair tangle easily? ______________________________________________________

20. Are you presently taking any medication(s) or under a physician’s care? ________________
    - What medication? _______________________________________________________________
    - How long? ________________________________________________________________
21. Have you been ill, had surgery or on any medication(s) in the past 6 months or year? _________________________
    If yes, elaborate.__________________________________________________________

22. Are you planning to have surgery in the next 6 months? _______________________________________________

23. Do you have any allergies (chemicals, medications, substances, materials or any others)? ______________________
    __________________________________________________________________________

24. Do you have any medical conditions that may interfere with this service? IE: Migraines, headaches, history of scalp
    problems? Please explain_____________________________________________________

25. Are you presently experiencing an unusual amount of hair loss? _________________________________
    Reason: chemo therapy, stress, pregnancy, alopecia, hormones, etc._____________________

26. Special interests or hobbies: _______________________________________________________________________

27. Work-out or sport activities: _______________________________________________________________________

28. Do you use tanning beds? ____________If yes, how often? _____________________________________________

29. Any questions or concerns regarding the service? ____________________________________________________
    _______________________________________________________________________________

MODEL RELEASE FORM:
I GIVE MY PERMISSION TO__________________________________________(SALON) TO SHOW OR USE ALL BEFORE AND
AFTER PICTURES IN PUBLIC. I WILL NOT RECEIVE ANY GRATUITY OR FEE.

_____________________________________________________________________________ Date _____________
(SIGNATURE)
MEDICAL INTERACTIONS THAT MAY CAUSE HAIR LOSS

Some drugs have been reported as causing hair loss in some individuals. While not everyone will experience hair loss, some drugs are more likely to cause hair loss than others.

The following is a partial list of drugs that have been reported to have a side effect of hair loss:

<table>
<thead>
<tr>
<th>Cholesterol-lowering drugs</th>
<th>Anti-convulsants</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clofibrate (Atromin-S)</td>
<td>Naproxen (Naprosyn)</td>
<td>Blood thinners</td>
</tr>
<tr>
<td>Gemfibrozil (Lopid)</td>
<td>Sulindac (Clinorilo)</td>
<td>Some male hormones</td>
</tr>
<tr>
<td></td>
<td>Methotrexate (Folexo)</td>
<td>(anabolic steroids)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Most anti-cancer medications</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Drugs derived from vitamin-A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Isotretinoin (Accutane)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Etretinate (Tegison)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ulcer drugs</th>
<th>Beta Blockers</th>
<th>Anti-depressants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cimetidine (Tagamet)</td>
<td>Atenolol (Tenormin)</td>
<td>Tricyclics</td>
</tr>
<tr>
<td>Ranitidine (Zantac)</td>
<td>Metoprolol (Lopressor)</td>
<td>Amphetamines</td>
</tr>
<tr>
<td>Famotidine (Pepcid)</td>
<td>Nadolol (Corgard)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anticoagulents</th>
<th>Propranolol (Inderal)</th>
<th>Anti-Thyroid agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coumarin</td>
<td></td>
<td>Carbimazole</td>
</tr>
<tr>
<td>Heparin</td>
<td></td>
<td>Iodine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agents for Gout</th>
<th>Timolol (Blocadren)</th>
<th>Calcium Channel Blockers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allopurinol (Ioporin, Zypolrim)</td>
<td></td>
<td>Calan 240mg.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anti-arthritis</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Penicillamine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auranofin (Ridaura)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indomethacin (i/Indicin)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The above drugs are only a few of the drugs that have been reported as contributing toward hair loss. If you suspect your hair loss is due to medication, consult with your doctor and pharmacist.

HOME CARE MAINTENANCE

1. Do not shampoo for two days. Always wash your hair with your head back and not tilted forward. Never dry with a scrubbing action, instead wrap with a towel to absorb water. Always dry bonds to prevent bond breakdown.

2. Always use Anti-Tap after every wet treatment on the bonds. Mix 1oz. of Anti-Tap to 8oz. of water in a spray bottle. If you cannot shampoo immediately anytime when the bonds are wet, spray Anti-Tap on the bonds and then dry bonds. Shampoo, apply Anti-Tap and then dry the bonds as soon as possible. Do not use sulfur products or water that has sulfur.

3. Brush Great Lengths three times a day, with recommended brush. Brush row by row, scalp to ends, starting from the nape up. Always pull Great Lengths into a scrunchy while sleeping or any activity that has your hair blowing in the wind. If you have curly hair, brush once in the morning and once at night. Use a wide toothed comb to gently remove tangles from mid-shaft to ends. Do not use a comb near the scalp area or the Great Lengths bonds.

4. All the above is extremely important to prevent tangling or matting.

5. No ponytails tight or high on top of the head. No ponytails put up and left wet.

6. Return to the salon in two weeks for a checkup service.

7. Curling irons, flat irons and hot rollers may be used, but must be kept an adequate distance from the Great Lengths bond, approximately 1 ½ inches from the bond. Do not use a hot blow dryer on the bond area, medium heat only.

8. Activities taking place in a constant damp environment such as aerobics, steam baths or saunas, may lessen the longevity of the Great Lengths service. Precautions should be taken to avoid these conditions being repeated.

9. Sea water and pools can cause bond breakdown due to the constant damp environment. To minimize these effects, wet hair completely in a shower and apply Anti-Tap prior to swimming. After swimming, shampoo, apply Anti-Tap and blow-dry the bonds to prevent bond breakdown.

10. Some extension loss is normal and to be expected. Average Client hair loss is 50-150 hairs a day. A full head application covers approximately one third of the head. You can expect to see a small quantity of naturally released hairs trapped in the attachments after some time. This is normal and should not be interpreted as hairs pulled out of the scalp by the extensions themselves. Daily brushing close to the scalp and finger separation of the applied strand will avoid matting in this area. Pull trapped hairs back toward scalp to loosen before separating strands.

I have read, initialed and understand my Home Care Maintenance sheet. If I do not follow the above instructions, ______________________________________________Salon cannot be held responsible. I understand if I do not follow the Home Care Maintenance sheet, that the Great Lengths service cannot be held responsible.

Signature: ___________________________________________ Date: __________________

Stylist: ___________________________________________ Date: __________________
GREAT LENGTHS STYLIST OBSERVATION FORM  (Present condition of Client’s hair and scalp)

Hair

Texture______________________________________________________________________________________________

Density ___________________________ Problem areas due to breakage/thinning_________________________________

Length____________________________ Style of Cut________________________________________________________

Natural curl/wave pattern________________________________________________________________________________

*Permwave/relaxer________________________________________________________

Natural hair color/level__________________________________________________________________________________

*Color/highlight(s)_____________________________________________________________________________________

Is the Client’s hair strong and healthy enough to support the GL strands?_______________________________________

____________________________________________________________________________________________________

Scalp Condition

Normal____ Tight____ Loose____ Dry____ Oily____ Scars____

Previous breakage or bald spots:_________________________________________________________________________

____________________________________________________________________________________________________

Other Comments:______________________________________________________________________________________

____________________________________________________________________________________________________

Is the Client’s scalp suitable to sustain additional strands?____________________________________________________

Is there reason to restrict application or opt for a trail period?________________________________________________

Client Name:_______________________________________________

Client Signature:___________________________________________ Date:_______________________

Stylist Name:_______________________________________________

Stylist Signature:____________________________________________ Date:_______________________
CLIENT DESIGN INFORMATION

Name _____________________________________________________________ Date: ______________________

Standard Application: Yes _____ No _____

Total # Strands _____________________ Total # Bundles _____________________ Price/Strand _____________________

<table>
<thead>
<tr>
<th>Color #</th>
<th># Bundles</th>
<th>Length(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hilite</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lowlite</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DEPOSIT AGREEMENT (SAMPLE)

Any cancellation or changes in an appointment must be made ________ hours/days prior to the scheduled appointment, otherwise deposit will be forfeited. You must then make a new appointment and another deposit will be required.

If you change the color or texture of your hair between the consultation and the application appointment, you agree to notify _____________________ Salon prior to the application appointment to schedule a new consultation. A new deposit may be necessary.

_____________________ Salon requires the payment to be guaranteed by a major credit card if you pay by check. If the check is returned, this agreement gives _____________________ Salon the authorization to transpose the amount of the check onto the credit card given. If a major credit card is not available, cash is required. _____________________ Salon will protect your privacy rights as a consumer and keep all information strictly confidential.

Card #: ______________________________________  Expiration Date: __________________________
Signature: ________________________________  Date: ________________________________
Security#: ________________________________

• Please keep Home Maintenance sheet to insure satisfactory results.
• I have read, initialed and understand my Client questionnaire, Home Care Maintenance sheet and Deposit Agreement.

Appointment Date: _____________________________  Appointment Time: _____________________
Time Required: ______________________________
Total Price of Application: __________________________
50% Deposit required (nonrefundable): __________________________
Balance Due day of appointment: __________________________
Removal will be done for $___________ an hour

Client Name: _________________________________________________________________________________________
Client Signature: ____________________________________________  Date:____________________________________
Stylist Name: _________________________________________________________________________________________
Stylist Signature: ______________________________________________  Date:_________________________________