



Beautiful You Program

When you lose your hair, during chemotherapy, you tell the world you have cancer. However, with the HCF "Beautiful You Program", you decide who and when to tell them. With this program, the HCF can assist you in fitting and purchasing a stylish and appropriate wig. The shop will assist you in finding the best style for you, whether it is similar to your previous style or a whole new look. They will demonstrate appropriate care for the wig, show you how to style it at home, and provide products to help you in this transition. Most importantly, they will treat you with the personalized care and compassion every person wants and needs during this difficult time.

The HCF has teamed with Rob and Jamie Levin. You will receive a complete education including the fit and styling of each wig along with wig application, wig care, and product information is provided by a licensed professional. As many consultations as you need are included in the price of the wig, and they will provide wig shampoo, Revitalize mist, Hairspray, Wig Stand, Brush or pick, Sleep Cap, Turban, and 1 Tube-Lash and Brow. These accessories are compliments of the HCF. Three locations are available:

WIG ELEGANCE

Oxford Oaks Shopping Center
1595 Big Oak Rd
Yardley, PA 19067
PHONE: 215-945-4900

WIG-A-DO

Bank of America Plaza
3131 Route 38 and Larchmont Blvd.
Mt. Laurel, NJ 08054
PHONE: 856-235-3534

ROSALIND STELLA'S WIG BOUTIQUE

Bustleton Welsh Shopping Center
1916 Welsh Rd. Unit 1B
Philadelphia, PA 19115
PHONE: 215-725-3930

WEBSITE: www.wigelegancewigs.com

To be completed by patient:

Please use the contact numbers listed above to schedule your consultation, then complete the following information and give the sheet to the representative at the store. This information is only for HCF records related to the Beautiful You Program and will not be distributed to any other organization.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

To be completed by a representative from one of the stores:

Signature: _____

Date of Service: _____

Please include this form with your invoice.

Version 4.0 –2018