

Compassionate Creations Client Information and Head Measurement Sheet

Point of Contact Information

Name	
Phone Number	
Email	
Mailing Address	

Would you like us to CC the wig recipient on emails? **Please Circle:** Yes or No
 Any other Information you would like us to know?

Wig Recipient Contact Information

Name	
Wig Recipient's Relation to You	
Phone Number	
Email	
Mailing Address	

Wig Recipient's Head Measurements (in Inches)

Head Circumference	
Hairline to the Nape of the Neck	
Ear to Ear Across the Forehead	
Ear to Ear Over the Top of the Head	
Temple to Temple Around the Back	
Nape of the Neck	

This Section for Office Use Only

Weight Submitted: <hr/> Length Submitted: <hr/> Client Email Reference Photo? Yes, No Preferred Part Placement: Left, Center, Right Supplemental Hair Options <ul style="list-style-type: none"> • Weight Requirement Meet • 1 Option <ul style="list-style-type: none"> ○ Donated Hair ○ Hair for Purchase \$ • 2 Options Cap Color: Blond, Light Brown, Dark Brown Approximated Finished Length:
