MONTANA MENTAL HEALTH NURSING CARE CENTER

Resident Hair Care Voucher

State of Montana DATE: _____

Voucher # _____

Prepared by _____ on _____

Signature of Cosmetologist: _____

Entered by _____ on _____

RES #	RESIDENT NAME	RESIDENT SIGNATURE	**Perm $32**	**Color Price Varies**	**Men Cut $5**	**Men Cut $8**	**Women Cut $11**	Wash B'Dry N/C	Beard Mustache Trim N/C	Wash / Set N/C	Shampoo N/C	Misc N/C	Total

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PAGE TOTAL $_____

TOTAL OF ALL PAGES $_____