



# Hair Care by Rhosie

The HCF is pleased to offer the services of Rhonda Rose to assist you with your personal hair care needs. Our mission is to improve the quality of life for those diagnosed with breast cancer through education, lifestyle modification and holistic healing.

## **Rhonda Rose - In her own words:**

*"We want our privacy at the beginning of our diagnosis of cancer. We are shattered and scared of the fact of losing our hair. I knew for me this was a huge understatement! I want to bring to you beauty and healthy benefits to the lives that have been touched by cancer.*

*While we are facing the challenges of cancer, and our significant medical issues, I would like to bring you into a positive experience. I have over 40 years of accommodating specialized Hair Care services to the medically challenged. I am compassionate, caring and considerate because I've been in your position. I am committed to the importance of your hair care experience. I am focused... Again, I have walked in your shoes.*

*Consulting and hair styling have always been a service provided on a one on one basis. I will ensure your comfort while maintaining your privacy, dignity and integrity. I will tend to your specific individual needs. I provide a stress free pleasant safe working environment in the privacy of your own home.*

*My strong beliefs are that looking good, makes you feel better. My cancer journey is still on going. From my heart, I feel that this is my way to pay it forward, for what I received from all of my doctors in the medical community. Please allow me to give you your first free haircut before you start your chemo therapy or any other medical procedure that you will receive from your oncologist. This is my gift to you. Breathe, you will get through this experience.*

*Much love always" Rhosie*

Please contact Rhosie at 215 932-1187 to schedule your hair care session. Complete the following information and give the sheet to Rhosie when you meet with her. This information is only for HCF records related to Hair Care by Rhosie and will not be distributed to any other organization.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## **To be completed by Rhonda Rose:**

Date of service: \_\_\_\_\_