



(781) 385-9601

[www.lookfeelfab.org](http://www.lookfeelfab.org)

**APPLICATION**

The program I am applying for:

**“PAY IT FORWARD PROGRAM”** – I am able to afford treatment

**TO APPLY:** Fill in Application and General Medical Release

The location I am applying for:

\_\_\_\_\_ **WHITMAN** – Whitman Wellness Center, 7 Marble Street, Whitman, MA

\_\_\_\_\_ **NORWELL** – Jordyn Warren Esthetics, 148 Main St, Norwell, MA

\_\_\_\_\_ **WESTBOROUGH** – Healing & Wellness Ctr, 45 Lyman St, Suite 22, Westborough

\_\_\_\_\_ **WOBURN** – Anna Lotan Pro, 400 W. Cummings Park, Suite 1200, Woburn, MA

\_\_\_\_\_ **SOMERSET**– Salon Elegance and Spa, 1521 Riverside Ave, Somerset, MA

THE APPLICATION (Fill in below for ALL programs)

Date: \_\_\_\_\_

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

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

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

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

Best way to contact you: Phone: \_\_\_ Text: \_\_\_ Email: \_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

APPLICANT HEALTH INFO

Type of Cancer: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

Skin Concerns: \_\_\_\_\_

Working with compromised immune systems restricts us from seeing anyone experiencing an infection or contagious illness. Looking & Feeling FAB, Inc. has the right to approve or deny anyone free services, however we will never discriminate. I confirm that I understand all the guidelines, terms and conditions and that I have answered all the questions truthfully and to the best of my ability.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

