



**mondays**  
at racine<sup>®</sup>  
CANCER CARE FOUNDATION

**mondays**  
for men

Mondays at Racine's mission is to increase a sense of control to anyone going through cancer with targeted therapies, services and education designed to improve their overall well-being.

**Mondays at Racine serves women and men, going through treatment, for any kind of cancer. All of our services are FREE of charge.**

### services

- Gentle Head Shaving
- Scalp Treatments
- Wig Care & Support
- Haircuts
- Non-toxic Hair Dye
- Non-toxic Make-up Application
- Lashes
- Oncology Facials & Skincare
- Oncology Massage
- Lymphatic Drainage Support
- Bolstering
- Non-toxic Manicures
- Therapeutic Pedicures
- Reiki
- Meditation
- Oncology Yoga
- Nutrition Support/Counseling
- Acupuncture

### our services can help...

- Decrease anxiety and increase comfort
- Enhance sleep quality
- Decrease unwanted side effects of treatment
- Reduce recovery time and shorten hospital stays
- Strengthen the immune system and enhance the ability to heal
- Increase sense of control and well-being

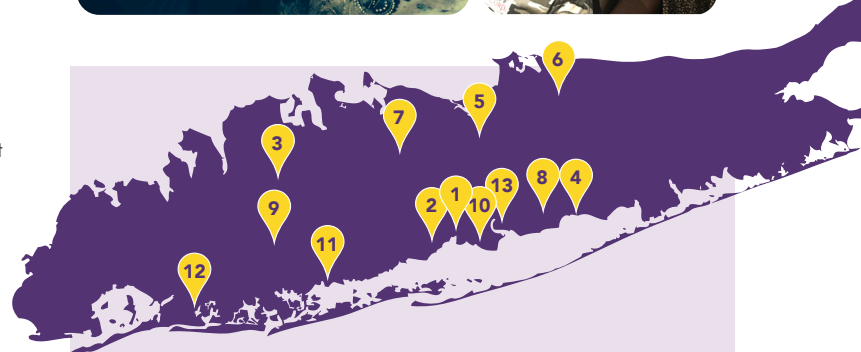
### take the next step

Welcome to the Mondays Community. To be eligible to receive our services please follow these simple steps:

1. Have your oncologist/medical provider sign the attached medical release.
2. Email the signed release to us at: [appointments@mondaysatracine.org](mailto:appointments@mondaysatracine.org)
3. Once we receive your signed medical release, a Mondays Navigator will call to schedule your first appointment.

*\*\*If you do not hear from someone within 48 hours of submitting the medical release, please call the navigator at 888-9MONDAY (888-966-6329). \*\**

"The women here are so wonderful. It's not just because of the services they've provided, nor is it the wonderful food. They are encouraging, understanding and inspiring. Coming here since my cancer diagnosis has helped me to cope during this difficult time."  
— Andrea Franz



### MONDAYS AT RACINE CHARTER PROGRAMS

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|---|--|
| <b>1</b> Mondays at Racine Flagship Program<br>341 Main Street Islip, NY 11751<br>(631) 224-5240                          | <b>2</b> Drew Patrick Spa – Yoga<br>128 W Main Street<br>Bay Shore, NY 11706<br>(631) 206-3739               |
| <b>3</b> Riviera Hair Restoration & Transplant – Wig Specialists<br>333 Jackson Ave,<br>Syosset, NY 11791<br>516-364-0110 | <b>4</b> Salon Be Beauty Spa<br>9 Montauk Hwy<br>Blue Point, NY 11715<br>(631) 363-9101                      |
| <b>5</b> MAIA Salon Spa & Wellness<br>725 Route 347<br>Smithtown, NY 11787<br>(631) 257-5535                              | <b>6</b> Katherine Jon Salon<br>4747 Nesconset Highway<br>Port Jefferson Station, NY 11776<br>(631) 474-0747 |
| <b>7</b> JD Thomas & Co.<br>6168A Jericho Tpke<br>Commack, NY 11725<br>(631) 486-4443                                     | <b>8</b> Karasmatic Day Spa<br>861 Montauk Hwy<br>Bayport, NY 11705<br>(631) 472-1005                        |
| <b>9</b> Long Island Nail Skin & Hair Institute<br>3709 Hempstead Turnpike<br>Levittown, NY 11756<br>(516) 520-4800       | <b>10</b> Sereen Hair & Beauty Boutique<br>478 Main Street<br>Islip, NY 11751<br>631-820-0064                |
| <b>11</b> Amityville Wellness – Accupuncture & Massage<br>209 Broadway<br>Amityville, NY 11701<br>(631) 691-0200          | <b>12</b> Ambiance Salon<br>1344 Broadway #5<br>Hewlett, NY 11557<br>(516) 295-4011                          |
| <b>13</b> Tomaso's Barber Shop<br>18 E Main St<br>East Islip, NY 11730<br>(631) 650-9888                                  | <b>14</b> In New Jersey<br>The B Hive Organic Salon<br>269 Broadway, Hillsdale, NJ 07642<br>(201) 470-4483   |
| <b>15</b> Wholeness Center<br>7 New Lake Rd.<br>Valley Cottage, NY 10989<br>845-268-7532                                  |  |

**341 Main Street, Islip, NY 11751**

**1-888-9MONDAY**

**mondaysatracine.org**

Join a movement that makes a direct and positive impact on the lives of those living with cancer. By taking this opportunity to give back, you're helping us continue to be able to provide more Mondays. If you're interested in joining our mission, becoming a financial supporter, or volunteering, please email [info@mondaysatracine.org](mailto:info@mondaysatracine.org).



# Medical Release Form

## PATIENT INFORMATION

Patient's Name: \_\_\_\_\_ Patient's Phone Number: \_\_\_\_\_

Patient's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Patient's E-mail: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_

The above patient is seeking medical clearance to receive cancer care services at the Mondays at Racine programs.

These services are offered to help alleviate unwanted side effects of cancer treatments such as insomnia, muscle spasm, dehydration, hair loss, dry, irritated skin, nausea, anxiety and depression. Only qualified operators will administer these services as deemed appropriate.

### SERVICES INCLUDE:

- Gentle Head Shaving
- Scalp Treatments
- Wig Care & Support
- Haircuts
- Non - toxic Hair Dye
- Non - toxic Make-up Application
- Lashes
- Oncology Facials & Skincare
- Oncology Massage
- Lymphatic Drainage Support
- Bolstering
- Non- toxic Manicures
- Therapeutic Pedicures
- Reiki
- Meditation
- Oncology Yoga
- Nutrition Support / Counseling
- Acupuncture

**Patient must be undergoing treatment for cancer to participate.**

By completing the form below, you are not assuming any responsibility for our administration of Mondays at Racine services.

If you have any questions about the Mondays at Racine program, please call the program headquarters and speak with Program Director, Ms. Rosemary Berger at 631.807.9132 or email [info@mondaysatracine.org](mailto:info@mondaysatracine.org).

### TO BE COMPLETED BY PHYSICIAN **Please write legibly and choose one.**

- The patient may participate without restrictions.
- The patient may participate with the exception of the following services \_\_\_\_\_.

Physician's Name: \_\_\_\_\_

Physician's Hospital Affiliation: \_\_\_\_\_

Patient must be undergoing treatment for cancer to participate. If you know of any reason why your patient should not participate, please indicate on this form.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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