HSE Wig Grant for Medical Card Holders

MEDICAL CARD NO:	Name:
	Address:
Tel No.:	Eircode:

HSE Benefit
I certify that I have examined the person named above and having assessed them in my opinion believe they suffer from alopecia resulting from one of the conditions listed at Appendix A overleaf:

Signature of Medical Practitioner: _____

Qualifications: _____

Address: _____

_____

Date: _____ Stamp:

Appendix A:
What types of hair loss are covered under the scheme:
The scheme covers hair loss resulting from a disease or treatment of a disease- cancer and some forms of alopecia. The types of aleopcia that qualify are:

Please Tick Box of Medical Condition:

- ☐ I. Alopecia areata (which includes alopecia totalis/universalis, diffuse alopecia areata, alopecia ophiasis),
- ☐ II. Primary scarring alopecias (also known as cicatricial alopecias),
- ☐ III. Frontal fibrosing alopecia and lichen planopilaris (scarring alopecia),
- ☐ IV. Chemotherapy induced alopecia (anagen effluvium),
- ☐ V. Alopecia resulting from surgery or trauma, including burns.

The grant does not cover hair loss resulting from any of the following: alopecia that is age related, genetic in nature or otherwise considered to be natural hair loss, of the type commonly called androgenic alopecia, or telogen effluvium , traction alopecia or trichotillomania.

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both