

An Rannóg Sochair Chóireála,
Oifig Seirbhísí Leasa Shóisialaigh,
Bothar Naomh Oilibhéar Pluincéad, Leitir
Ceanainn, Co. Dhún Na nGall,
F92 T449



Treatment Benefit Section, Social
Welfare Services Office, St Oliver
Plunkett Road, Letterkenny, Co.
Donegal, F92 T449

| | |
|-------|-------|
| PPSN: | Name: |
|-------|-------|

Medical Certificate for Hair Replacement 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 alopecia 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