



Medical Confirmation of eligibility for the Hairpiece Contribution – 2025

Patient Name:	Date of Birth:
Address:	
Eircode:	
GMS Medical Card Holder	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes – Medical Card Number _____
GP/Consultant –	
Practice address:	

I can confirm that the above named is medically eligible to be considered under the hairpiece allowance scheme as they from suffer one of the following conditions (please tick the correct option)

1. Alopecia due to ongoing **chemotherapy/cancer** treatment

Or

2. **Medical Alopecia** as a result of one of the following conditions (please tick)

Alopecia areata - including alopecia totalis or universalis, alopecia ophiasis	<input type="checkbox"/>
Primary scarring alopecias - also known as cicatricial alopecias	<input type="checkbox"/>
Frontal fibrosing alopecia and lichen planopilaris (scarring alopecia)	<input type="checkbox"/>
Alopecia caused by surgery or trauma, including burns	<input type="checkbox"/>

Please be aware grant does not cover hair loss resulting from any of the following:
Alopecia that is age related or otherwise considered natural hair loss, of the type commonly called androgenic alopecia, or telogen effluvium, traction alopecia or trichotillomania.
The grant does not cover hair replacement surgery.

Signed: _____
Dr. _____ (Block Capitals)
MCRN: _____
Date: _____

Clinic Stamp



1. Alopecia related to cancer treatment – max allowance is **€770** regardless of medical card status
2. Alopecia not related to cancer or its treatment
 - Max available is **€500** and
 - Applicants must hold a valid GMS medical card

This list of eligible hair replacement products by county is available from: <https://www.gov.ie/en/publication/09786-list-of-hair-replacement-product-suppliers-by-county/>

The **points of contact** for queries and submission of funding requests are
Galway GCCMD.Orders@hse.ie **Mayo** MCCMD.Orders@hse.ie **Roscommon** RCCMD.Order@hse.ie