

TO THE DEPARTMENT OF HEALTH

**Provision of Wigs and Headwear**

This is to certify that

Patient label/details
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requires the provision of a wig/headwear for hair loss  
due to

chemotherapy/ radiotherapy/ other:

(medical condition or treatment – delete as appropriate)

This will be a permanent / temporary condition

Signed:

Designation: \_\_\_\_\_

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