

To Te Whatu Ora/ Health New Zealand

Provision of Wigs/Headwear

This is to certify that

Patient label/details

requires the provision of a wig/headwear due to
Chemotherapy/ Radiotherapy/ Medical condition with
no known hereditary cause/Other:

(circle/ delete/add medical condition or treatment; Type of Alopecia needs to be specified if this is the diagnosis)

which has resulted in the loss of hair.

This will be a permanent / temporary condition*

*delete/circle as appropriate

Signed: _____

Designation: _____

Date: _____

Healthcare Professional Stamp or print on letterhead/include facility address.
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