

An Rannóg Sochair Cho
Oifig Seirbhisí Leasa Sh
reála, sialaigh, Bothar
Naomh Oilibhéai Leitir
Ceanainn, Co. Dhun Na
nGall, F92 T449

Treatment Benefit Section,
Social Welfare Services O
ce, load, Letterkenny, Co.
Donegal, F92 T449

| | |
|-------------|-------------|
| <i>PPSN</i> | <i>Name</i> |
|-------------|-------------|

Medical Certificate for Hair Replacement Benefit

I certify that I have examined the person named above
and found excessive loss of hair, not reversible by other
than surgical means, from one of the conditions listed in
Appendix A of the policy.

Signature of Medical Practitioner: _____

Qualifications: _____

Address:

Date:



Stamp