



Post Mastectomy Product Scheme Application Form Waterford

FOR PATIENT TO COMPLETE:

Patient Name: _____

Date of Birth: _____

PPSN Number of Patient: _____

Eircode: _____

Address: _____

GMS Medical Card Holder: Yes ☐ No ☐

if Yes, Medical Card No. _____

FOR GP/CONSULTANT TO COMPLETE:

GP/Consultant: _____

Practice address: _____

I **certify** that the above named is medically eligible to be considered under the PMP allowance scheme as she has undergone the following procedure as part of treatment for breast cancer (please tick the correct option) :

1. Unilateral total/partial mastectomy without reconstruction

☐

Or

2. Bilateral total /partial mastectomy without reconstruction

☐

Patients who have undergone **reconstructive breast surgery** are **not eligible unless there is a requirement to wear a specialised bra** to accommodate a prosthesis.

SIGNED: _____

OFFICIAL
STAMP:

NAME: _____ (Block Capitals)

MCRN: _____ DATE: _____ FOR

SUBSEQUENT ANNUAL APPLICATIONS (Patient Declaration):

I confirm that my circumstances relating to eligibility under the Post Mastectomy Mastectomy Products Scheme remain unchanged since my original approval.

Patient Signature : _____ Date: _____

New guidelines for women following cancer related treatment - 2025	
Universal Provision – regardless of medical card status	
Single Mastectomy	€400 annually toward the cost of: • 2 Bras adapted to accommodate a prosthesis • 1 Prosthesis
Bilateral Mastectomy	*Bra and prosthesis allowance increases to €650 total
Swimwear	€150 annually toward the cost of prosthesis adapted Swimwear • 1 Swimsuit + 1 Prosthesis* *This allowance increases to €215 post double mastectomy

FOR PATIENT TO CONFIRM ON RECEIPT OF PRODUCTS:

I confirm that I have received (TICK) :

***ATTACH QUOTATION WITH THIS FORM ***

Bras x 2	☐	Swimwear + Prosthesis (single)	☐
Prosthesis (single)	☐	Swimwear + Prosthesis (Bilateral)	☐
Prosthesis (Bilateral)	☐		☐

Patient Signature : _____ Date: _____

For Official use

HSE Scheme Administrator : _____ Date: _____