



Mid -West

Aids and Appliances Mid -West

### Medical Confirmation of eligibility Post Mastectomy Product (PMP) Contribution

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

Please be aware applications following reconstructive breast surgery are not eligible for the post mastectomy products scheme unless there is a requirement to wear a specialised bra to accommodate a prosthesis following surgery.

Signed: \_\_\_\_\_

Practice Stamp

Dr. \_\_\_\_\_ (Block Capitals)

MCRN: \_\_\_\_\_

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



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

The point of contact for queries and submissions is: [aidsappliances.mw@hse.ie](mailto:aidsappliances.mw@hse.ie) .