



Post Mastectomy Product Scheme Application Form

South Tipperary & Carlow Kilkenny

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

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: _____

OFFICIAL
STAMP: _____

NAME: _____ **(Block Capitals)**

MCRN: _____ **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: <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 ***

- Post Mastectomy Bras X2
- Post mastectomy Prosthesis (single mastectomy)
- Post mastectomy prosthesis x2 (Double mastectomy)
- Swimwear
- Swimwear prosthesis x1 or Swimwear prosthesis x2 (Double mastectomy)

Patient Signature : _____ **Date:** _____

For Official use

HSE Scheme Administrator : _____ Date: _____