



I'm Me Again!

Wig Recommendation Form

Program Guidelines

1. To recommend a patient for a free wig, please complete this form and give to your client.
2. To qualify, patient must have hair loss due to medical need, live in the Houston area and have a financial need.
3. Patient will only be able to receive one wig per referral.
4. Form must be stamped with doctor's office letterhead stamp (no copies)

Medical Personnel Information

Staff Name: _____ Date: _____

Facility Name (hospital/office): _____ Facility Address: _____

E-Mail Address: _____ Phone No: _____

Patient Information

Name: _____

Medical Need (yes/no): _____

Financial Need (yes/no): _____

PLEASE USE CLINIC STAMP HERE