Prescription for Cranial Prosthesis

The Socialite Hair Co.

Patient Information

Patient Detail	Input
Full Name	Person
Date of Birth	Date
Phone Number	Person
Email Address	Person

Diagnosis / Medical Condition

Please select the applicable diagnosis for the patient:

- ☐ Alopecia (e.g., Areata, Totalis, Universalis)
- ☐ Chemotherapy-related hair loss
- ☐ Auto-immune disorder related hair loss
- ☐ Other: _____

Provider Information

Provider Field	Provider Input
Provider Name	Person

Provider Field	Provider Input
Practice Name	Place
NPI Number	Person
Phone	Person
Fax	Person

Medical Necessity Statement

The patient requires a cranial prosthetic due to medically documented hair loss associated with the condition listed above.

Authorization

Provider Signature: _____

Date: Date