



Dopamine
Together We Can

Dopamine Foundation
Wig Request Form

(For internal records only, all fields are mandatory)

Basic Details		
1	First Name:	
2	Last Name:	
3	Date of Birth:	
4	Gender:	
5	Aadhar No:	
6	Parent/ Husband/ Guardian Name (tick as appropriate):	
7	City:	
8	State:	
9	Contact No:	
10	Email:	
11	Address:	
Medical Context		
12	Type of cancer:	
13	Currently under treatment (you may tick more than one):	Chemotherapy
		Radiation
		Surgery
		Hormonal therapy
		Other (kindly specify)



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14	Relevant latest reports shared (tick as appropriate):	Email	WhatsApp
15	Hospital / Clinic:		
16	Treating Doctor's Name:		
Wig Features			
17	Ear to Ear (in inches):		
18	Circumference (in inches):		
19	Front to Back (in inches):		
20	Length (short / medium / long - as far as possible, subject to availability):		
	Approximate colour (black / dark brown / other - as far as possible, subject to availability):		
21	Any known allergies to wig caps/materials:		
Hair for Wig			
22	Are you donating hair for this customised wig?	No, I would like Dopamine Foundation to procure natural human hair for us. Yes, I am donating my own hair with the following details: Weight (in gm) Length (in inches)	



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	Ear to Ear	Circumference	Front to Back
Child	12"	19"	12"
Petite	13"	21"	13.25"
Petite/Average	13.25"	21.5"	13.75"
Average	13.5"	22"	14.25"
Average/ Large	13.75"	22.5"	14.75"
Large	14"	23"	15.5"

Sample Chart to measure Wig Particulars



Declaration

I confirm that the information I have shared above is true to the best of my knowledge. I understand that this information will be used only by Dopamine Foundation for the purpose of providing a wig and maintaining internal records.

Name of Beneficiary:	
Signature / Thumb Impression:	
Contact Number:	
Date:	
If filled by a caregiver / family member	
Name of Caregiver:	
Relationship to Beneficiary:	
Signature / Thumb Impression:	
Contact Number:	
Date:	