



Breast Cancer Foundation

Patient Bra, Prosthesis and Wig Application

Applicant's First Name M.I. Last Name Date of Birth
Phone Number Street Address City State
State Zip Email Contact Phone Number

Date of Original Breast Cancer Diagnosis: Breast Cancer Stage (0-IV)

Name of Physician's Licensed Practice / Clinic

Physician's Name

Phone Number

Applicant's Name Applicant's Signature Date

Please indicate the item you are applying for:

Breast Prosthetic Left: Right: Both: Cup Size:
Shape of Prosthetic: (Please Circle) Tear Shaped Triangular
Bra Size: Color Preference (not guaranteed):
Requested Bra Quantity (Maximum of two, not guaranteed):

Please Note: Due to our limited inventory, no more than two bras and/or one set of prosthetics will be distributed per applicant.

Wig Color: Length: (Please Circle) Short Mid-Length Long
Head Size: (Please Circle) Petite Average Large
Style: (Please Circle) Curly Straight Wavy

Please note we will do our best to meet your request. However, we cannot guarantee the exact request.



Tell us what other services you might need: Education Material \_\_\_\_\_ Resource Material \_\_\_\_\_  
Community Support \_\_\_\_\_

Tell us how this service will assist you: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

*[This information is not required to obtain services and holds no influence on your eligibility. This data is obtained for statistics on breast cancer.]*

Ethnic  Household  Marital

Once application has been completed, please return application to Impact One Breast Cancer Foundation

- By Scanned email: support@impactone.pink
- By Mail:  
*Impact One Breast Cancer  
Foundation  
2473 S. Higley Road  
Suite 104 PMB-219  
Gilbert, AZ 85295*

Please allow two weeks to process.

\_\_\_\_\_  
Primary Authorization Signature

\_\_\_\_\_  
Authorization Date