



**so many survivors,
1 journey, 1 goal, bringing hope**

Management Office: 2nd Floor, 8 Sherborne Road, Parktown; P O Box 730 Sundowner 2161
Informal Management Office: Memories Centre; c/o Whispen and Neptune on New Road; Crowthorne
Tel: 082 840 3633 | Fax: 086 617 4751 | Email: info@journeyofhope.co.za | www.journeyofhope.co.za

PROSTHESIS APPLICATION FORM

Thank you for your enquiry concerning prosthetic breasts. In order for us to make an informed decision on whether you are eligible to receive prosthetics, we require you to please complete the following questionnaire in detail.

Please answer the following questions:

Breast size: (only if you have had one breast removed)

Please specify what size prosthetic breast you would like fitted (e.g. 34C). This is based on the bra size you are currently happy with as well as the cup size. Bra should preferably be *without* an underwire and a full cup (as this could cause discomfort with the prosthetic breast). If you do not know your breast size, take the measurement around your back under the breasts. To obtain the cup size, take the measurement around your back and over the nipple area whilst simulate that the other breast was there.

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Colour of Prosthetic required (Ethnic group):

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Other Comments (Optional):

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THE DIRECTORS:

Diane Parker: E-mail: journey.dparker@gmail.com

Aileen Taylor: E-mail: aileentaylor4@bigpond.com

Beverley Sterley: beverleysterley@gmail.com (Interim Director)

Registration Number: 2008/020129/08

Name and surname:

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Home number:

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Mobile number:

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Email address:

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Age and date of birth:

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ID number:

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Nationality:

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The prosthetic breast can be worn with any full cup bra, in strappy tops, in swimming costumes as it slides onto the straps and does not need a prosthetic bra. If you have a hollow under the area where the lymph nodes were removed, we make a wing to fit, so the prosthetic will be almost oval shaped to fit into the hollow. A measurement must be made from the nipple to where you want the wing to end under the arm (you can do this with the intact breast).

Signature: **Date:**

Once completed, kindly submit this form by email to info@journeyofhope.co.za or by fax to 086 617 4751.

Kind regards,

JOURNEY OF HOPE

THE DIRECTORS:

Diane Parker: E-mail: journey.dparker@ymail.com

Aileen Taylor: E-mail: aileentaylor4@bigpond.com

Beverley Sterley: beverleysterley@ymail.com (Interim Director)

Registration Number: 2008/020129/08