

**1. Identity of the insured person**

Last name		Last name at birth (if different from the one already registered)			
First name		Health Insurance Number		Date of birth Year    Month    Day	
Home address Number	Street			Apartment	
Municipality				Postal code	

**2. Reason for the request**

<input type="checkbox"/> I underwent a <input type="checkbox"/> <b>total</b> , <input type="checkbox"/> <b>radical</b> ou <input type="checkbox"/> <b>partial</b> mastectomy.		<input type="checkbox"/> I have a total absence of breast formation (aplasia).	
<input type="checkbox"/> <b>Left side</b> Date of the operation Year    Month    Day	<input type="checkbox"/> <b>Right side</b> Date of the operation Year    Month    Day	<input type="checkbox"/> <b>Left side</b> Date of the medical report Year    Month    Day	<input type="checkbox"/> <b>Right side</b> Date of the medical report Year    Month    Day
<b>Please attach the ORIGINALS of the following documents:</b> <ul style="list-style-type: none"> <li>• The detailed invoice and proof of payment of your external breastform</li> <li>• The medical prescription (for your first application)</li> </ul>		<b>Please attach the ORIGINALS of the following documents:</b> <ul style="list-style-type: none"> <li>• The detailed invoice and proof of payment of your external breastform</li> <li>• The medical prescription (for your first application)</li> </ul>	

**3. Signature of the insured person**

I wish to receive the reimbursement provided under the External Breastforms Program. I hereby declare that the information I have supplied is accurate and complete.		Home telephone Area code	
<input checked="" type="checkbox"/>	Signature	Year    Month    Day Date	Work telephone Area code
			Extension

Send the form and required documents to the following address:

**Régie de l'assurance maladie du Québec**  
 Programme des prothèses mammaires externes – DPHQATF  
 Case postale 6600  
 Québec (Québec) G1K 7T3

We recommend that you keep copies of the documents that you send to the Régie. Other documents necessary for the assessment of your application may be required.