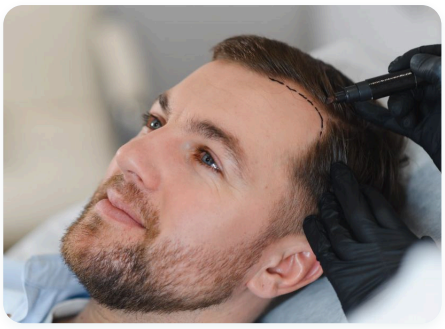
HAIR RESTORATION

Am I a Candidate? A Hair Transplant Self-Check

The Norwood scale, the donor test, and ten questions that tell you whether a consultation is worth your time



Candidacy starts with two facts: how far the loss has progressed, and how fast it is moving. The Norwood scale describes the first; your own photographs over time describe the second.

THE NORWOOD SCALE, SIMPLIFIED



From a stable hairline through temple recession, a thinning crown, and the two areas joining. Most transplant candidates sit between the third and the sixth stage.

WHAT EACH STAGE USUALLY MEANS FOR A TRANSPLANT

STAGE	WHAT IT LOOKS LIKE	WHAT IT USUALLY MEANS
1–2	Mature hairline, slight temple recession	Rarely a reason to operate; watch and photograph
3	Clear recession at the temples, sometimes a thinning crown	Often the earliest sensible stage for a limited plan
4–5	Receding front and a visible crown, a bridge of hair between them	The most common stage for a first session
6–7	Front and crown joined; a horseshoe of hair remains	Possible, but the donor sets strict limits and priorities

A guide to vocabulary, not a verdict. Two people at the same stage can be very different candidates.

The trend matters more than the stage

A stage-3 patient whose loss has been stable for five years is a better candidate than a stage-3 patient who was stage 2 last year. Compare your photographs over time; if you have none, start taking them monthly now.

Not sure of your stage? Send three photographs and we will tell you.

This guide is for informational purposes.
Treatment suitability is determined after medical evaluation.

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The donor area: your real budget

The front of the head is the question; the back of the head is the answer. Everything a transplant can do depends on what the donor band can give without ever looking thinned itself.

A DONOR CHECK AT HOME



Phone camera, a second mirror or a helper: photograph the back and sides in flat light, then part the hair and look at the density beneath.

WHAT YOU ARE LOOKING FOR

- ✓ **Density.** Does the scalp show through when you part the hair at the back, or is it covered?
- ✓ **Stability.** Is the band at the back thinning too? A thinning donor is the main reason to be cautious.
- ✓ **Calibre.** Thicker, wavier hair covers more with fewer grafts.
- ✓ **Contrast.** Dark hair on pale skin shows thinning sooner than hair and skin that are close in tone.

FIVE PROFILES THAT USUALLY BENEFIT MOST

Stable front loss

Recession that has settled, with a strong donor.

Over thirty

The pattern has usually declared itself.

Dense donor

Enough to cover the front without strain.

Good calibre

Thick or wavy hair that covers well.

Realistic goal

Framing the face, not recovering a teenage hairline.

ⓘ Beard and body hair can supplement a limited donor in selected cases, but they are a supplement, not a substitute. A plan that depends on them is a plan to discuss carefully.

Send a parted photograph of the back of your head and ask about your donor.

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Who should wait, and why

"Not yet" is a common and honest answer. It is not a refusal; it is a way of making sure the first session is also the right one.

FOUR SITUATIONS WHERE WAITING IS USUALLY THE BETTER PLAN

AGE

Under about 25

The final pattern is not yet known. A hairline placed for a 22-year-old can look wrong at 40.

→ **Stabilise first; medical treatment, then reassess**

TREND

Loss still moving fast

Transplanted hair stays, but the native hair around it keeps going, leaving islands.

→ **Stabilise with treatment, re-photograph in a year**

DONOR

Diffuse thinning

If the back and sides are thinning too, the donor cannot be relied on.

→ **A medical assessment before any surgical plan**

GOAL

Full teenage density

No donor can supply it. A plan built on it disappoints.

→ **Reframe the goal, then plan**

MEDICAL POINTS THAT CHANGE THE PLAN

- ✓ **Uncontrolled diabetes, bleeding disorders, immune conditions.** Not necessarily exclusions, but they need to be known and managed first.
- ✓ **Scalp conditions.** Active psoriasis, folliculitis or lichen planopilaris must be treated or ruled out before surgery.
- ✓ **Medication.** Blood thinners and some supplements are paused on instruction only.
- ✓ **Smoking.** Slows healing and graft survival; cutting down before and after helps.

THREE HONEST ANSWERS

Can women have a transplant?

Yes, when the pattern is suitable – often for a hairline or a defined area. Diffuse thinning is assessed first.

I am 23 and losing fast. Why wait?

Because the plan has to work for the head you will have at 40, not the one you have now.

Will a transplant stop further loss?

No. It moves hair; it does not change what happens to the native hair around it.

If any of these describe you, say so when you write. It shapes the answer.

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Your ten-question self-check

Tick what applies. Seven or more ticks usually means a consultation is worth having; fewer means the conversation starts with stabilising, not surgery.

TICK EACH THAT IS TRUE FOR YOU

- [ ] I am over 25
- [ ] The back and sides of my head are still dense
- [ ] I can describe the specific area that bothers me
- [ ] I have no untreated scalp condition
- [ ] I can follow a ten-day aftercare routine
- [ ] My hair loss has looked about the same for two years or more
- [ ] My hair is medium to thick in texture
- [ ] I am not expecting the density I had as a teenager
- [ ] My general health is good or well controlled
- [ ] I am prepared for a result that takes twelve months

WHAT TO SEND FOR A FREE EVALUATION

Front
Hairline, head tilted slightly down.

Top
From above, flat light, hair dry.

Crown
From behind and above.

Back and sides
Donor area, hair parted once.

What happens next

Our medical team reviews the photographs, places you on the scale, estimates the donor and replies with an honest view – including "not yet" if that is the right answer. No commitment, no charge.

YOUR NEXT STEP

Talk to us before you decide anything

Free Consultation
A conversation with a coordinator, with no commitment.

Send Your Photos
Our medical team reviews them and replies with an assessment.

WhatsApp Us
Questions answered in your own language, usually the same day.

✓ Free consultation · Free medical evaluation

WHATSAPP US

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WHY ESTECENTER?

- ✓ Experienced medical teams
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