



Pharmacy & Medical Supplies

359 Minot Ave, Auburn, ME  
Phone: 207-784-3700

# Post-Mastectomy Forms & Garments Order Form

Please fax completed form, patient demographics  
and supporting medical notes to 207-784-7992

## Patient Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Date of Last Face-to-Face Exam: \_\_\_\_\_

## Prescription Information

Mastectomy Bra  
# of Bras \_\_\_\_\_ # of Refills \_\_\_\_\_  
ICD-10 Code(s): \_\_\_\_\_

Breast Prosthesis, Silicone  
# of Silicone Forms \_\_\_\_\_ # of Refills \_\_\_\_\_  
**MUST SPECIFY:**  Right (Side Specific) ICD-10 Code: \_\_\_\_\_  
 Left (Side Specific) ICD-10 Code: \_\_\_\_\_  
 Both (Bilateral) ICD-10 Code: \_\_\_\_\_

Breast Prosthesis, Non-Silicone  
# of Silicone Forms \_\_\_\_\_ # of Refills \_\_\_\_\_  
**MUST SPECIFY:**  Right (Side Specific) ICD-10 Code: \_\_\_\_\_  
 Left (Side Specific) ICD-10 Code: \_\_\_\_\_  
 Both (Bilateral) ICD-10 Code: \_\_\_\_\_

Additional Items: \_\_\_\_\_  
ICD-10 Code(s): \_\_\_\_\_

## Physician Information (Must be MD, DO, NP or PA)

By signing and dating, I certify that the above prescribed items are reasonable and medically necessary as part of treatment for this patient. The need and medical necessity for the above listed items are documented in the patient's medical record and is available upon request. All other related treatments have been tried or considered and ruled out.

Name: \_\_\_\_\_ NPI #: \_\_\_\_\_  
Practice/Clinic Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Credentials