

# Smith's Drugs of Forest City

139 East Main Street

Forest City, NC 28043

Phone: (828) 245-9215 Fax: (828) 641-9677 or (828) 245-1793

## Physician Order Mastectomy Products

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_



Date of Order: \_\_\_\_/\_\_\_\_/\_\_\_\_ Length of Time Needed: **99**

Diagnosis (list all): 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_



Type of Equipment: Mastectomy Products – Prosthesis, Bras, etc.

HCPC Codes & Descriptions: (Check all that are requested)

- L8015 ~ Post-Surgical Kit – Bra/Camisole w/ drain pouches and featherweight puff form
- L8030 ~ Breast Prosthesis – silicone or equal Qty: \_\_\_\_\_ (1 per side allowed)
- L8030 ~ Partial Breast Prosthesis (lumpectomy patients) Qty: \_\_\_\_\_ (1 per side allowed)
- L8020 ~ Non-Silicone Weighted Form Qty: \_\_\_\_\_ (1 per side allowed)
- L8000 ~ Mastectomy Bras Qty: \_\_\_\_\_ Refill: \_\_\_\_\_
- Other: \_\_\_\_\_



Surgery Information:

Date of Surgery: \_\_\_\_\_

- Right  Left  Bilateral
- Total  Modified Radical  Radical  Lumpectomy

Physician's Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Provider Name:** Smith's Drugs of Forest City  
**Address:** 139 East Main Street  
 Forest City, NC 28043  
**Phone:** 828-245-9215  
**Fax:** 828-641-9677 or 828-245-1793  
**NPI:** 1437171949

**Physician:**  
**Address:**  
  
**Phone:**  
**Fax:**  
**NPI:**

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*\*Please send most recent office notes back with this order***