

Smith's Drugs of Forest City

139 East Main Street

Forest City, NC 28043

(828) 245-4591 Fax: (828) 245-1793

**Physician Order
Mastectomy Products**

Patient Name: _____ **DOB:** _____
Address: _____ **Phone #:** _____



Date of Order: ____/____/____ Length of Time Needed: _____

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	Physician: _____
Address: 139 East Main Street	Address: _____
Forest City, NC 28043	_____
Phone: 828-245-4591	Phone: _____
Fax: 828-245-1793	Fax: _____
NPI: 1437171949	NPI: _____

Physician's Signature: _____ Date: _____

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