PLEASE FAX TO 615-595-9053 OR EMAIL INFO@PRETTYINPINKBOUTIQUE.COM

Pretty in Pink Boutique · 3343 Aspen Grove Drive Suite 220 · Franklin · TN · 37067 · 615-777-7465

☐ Face Sheet ☐ Insurance Card (Images) ☐ Plan of Care ☐ Office Notes
☐ Any Additional Instructions: ______________________________

PHYSICIAN ORDER FORM

Certificate of Medical Necessity for Mastectomy Supplies

PATIENT INFORMATION

First Name	Middle Initial	Last Name	
Date of Birth	Phone Number		
Address	City	State	Zip
Email			

PRIMARY INSURANCE

PRIMARY CARD HOLDER ❑SELF ❑SPOUSE ❑PARENT ❑OTHER__________

PRIMARY CARD HOLDER NAME: DATE OF BIRTH:

Insurance Carrier	Plan Name
Policy ID	Group Number
Medicare ID (If Applicable)	

SECONDARY INSURANCE

Insurance Carrier	Plan Name
Policy ID	Group Number

MASTECTOMY GARMENT ORDER

ICD 10 Diagnosis Code

☐ PARTIAL MASTECOMY ☐ FULL MASTECOMY
☐ RIGHT ☐ LEFT ☐ BILATERAL

☐ Z90.10 Acquired Absence of Breast
☐ Z90.13 Acquired Absence of Bilateral Breasts
☐ Z90.11 Acquired Absence of RIGHT Female Breast
☐ Z90.12 Acquired Absence of LEFT Female Breast
☐ I97.2 Post-Mastectomy Lymphedema
☐ I89.0 Lymphedema, Not Elsewhere Classified
☐ OTHER DIAGNOSIS CODE: ____________________

QTY	HCPCS CODE & DESCRIPTION
________	L8015 - Camisole, post mastectomy
________	L8000 - Mastectomy bra, w/o integrated breast pros form
________	L8001-2 - Mastectomy bra, w/integrated breast pros form
________	L8020 - Foam Breast prosthesis
________	L8030 - Silicone Breast prosthesis
________	L8035 - CUSTOM Silicone Breast Prostheses
________	L8010 / S8424 - Lymphedema / Mastectomy Sleeve
________	A6549 - Gradient compression Stocking/Sleeve NOC

I certify that the above prescribed equipment/medication is medically necessary for this patient's wellbeing. In my opinion, the equipment is both reasonable and necessary in reference to accepted standards of medical practice and treatment of this patient's condition. Any statement on my letterhead attached hereto has been reviewed and signed by me. I certify that the medical necessity information is true, accurate and complete, to the best of my knowledge.

Physician Name:	NPI (Required):
Physician Signature:	Order Date:
Practice Phone:	Practice Fax:

PLEASE FAX TO 615-595-9053 OR EMAIL INFO@PRETTYINPINKBOUTIQUE.COM

Pretty in Pink Boutique · 3343 Aspen Grove Drive Suite 220 · Franklin · TN · 37067 · 615-777-7465