



Prescription & Detailed Written Order

Patient Information

Patient Name		Patient DOB	Device Type Mastectomy Supplies
Street address		City	State
Zip Code		Patient Height	Weight lbs.
L-Code	Qty	Description	
L8000	6	Mastectomy bra, without integrated breast prosthesis form, any size, any type	
L8020	1 or 2	Leisure breast prosthesis, non-silicone	
L8030	1 or 2	Breast Prosthesis, Silicone or equal, without integral adhesive	

Prescription

Start Date/Date Rx Written:	
Projected Monthly Frequency Daily	Estimated Length of Need Lifetime
Insurance/Medicare info:	<input type="checkbox"/> C50.911 Malignant neoplasm of unspecified site of right female breast <input type="checkbox"/> C50.912 Malignant neoplasm of unspecified site of left female breast <input type="checkbox"/> Other _____

Physician

<input type="checkbox"/> Charles Kuzma, MD	UPIN:	NPI: 1063469856
Phone: (910) 715-3500	Fax: (910) 715-3568	220 Page Road, Pinehurst, NC 28374

The above procedures and any repair and/or parts to proper fit and function are appropriate maintain for this patient, and are deemed medically necessary

Signature _____ Date _____

***Please fax back to (910) 215-8035 along with supporting physician notes stating need.**