FITTINGS by Michele
108 Chelsea Grove Ct • Pasadena, MD 21122 Phone 410-255-0800 **FAX 410-255-3522**
Satellite Offices: Salisbury and Berlin
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To allow us to dispense medical supplies and submit a claim for insurance coverage consideration,

Please complete all the items checked below & return by FAX 410-255-3522

- ☐ **Supply valid diagnosis & ICD-10 code(s)** pertaining to medical need of supplies
- ☐ **Sign & Date the order** (signature stamps prohibited by CMS)
- ☐ **Attach a recent progress note** supporting medical need &/or continued use for requested supplies

Patient Name: _____ **DOB:** _____

►Diagnosis & ICD- 10 Code(s):_____

Breast Products ☐ Left ☐ Right ☐ Bilateral

☐ Silicone Breast Prosthesis (L8030)
☐ Custom Breast Prosthesis (L8035)
☐ Adhesive Breast Prosthesis (L8031)
☐ Nipple Prosthesis (L8032)
☐ Leisure Breast Prosthesis (L8020)
☐ Mastectomy Bra w/ Integrated Prosthesis (L8001/L8002) x ___
☐ Mastectomy Bras (L8000) x ____ **Refill x _____**
☐ Compression Vest/Camisole for Lymphedema x _____
☐ Camisole Garment (L8015) for Post-op or XRT x ___

Compression Garments ☐ Left ☐ Right ☐ Bilateral ☐ Custom ☐ Ready-Made

☐ Gauntlets or Gloves x ___ ☐ 20-30mmHg ☐ 30-40mmHg ☐ 40-50mmHg
☐ Arm Sleeves x ___ **Refill x _____**
☐ Nighttime Lymphedema Garment
☐ Lymphedema Compression Pads - _____

Additional Notes: _____

Referring Provider: _____ **NPI:**_____

Address: _____

Phone # _____

_____ _____
Referring Provider's Signature (signature stamps are not valid) **Date**

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Date Requested_____ **FAX:**_____

Referring Provider: _____

Your patient has an appointment with us on _____