



108 Chelsea Grove Ct • Pasadena, MD 21122 Phone 410-255-0800 **FAX 410-255-3522**
 Satellite Offices: Salisbury and Berlin
 EMAIL - requests@fittingsbymichele.com

*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 ____						
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 _____