



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):** _____

Cranial Prosthesis

- Chemotherapy or Radiation-induced Alopecia – *Supply type of cancer being treated under diagnosis above*
- Other: _____

Additional Notes _____

Referring Provider: _____ **NPI:** _____

Address: _____

Phone: _____ **Fax:** _____

► _____ ► _____
Referring Provider’s Signature **Date**

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Your patient has an appt with us on _____ **Date Requested** _____