



HERS Breast Cancer Foundation Program Store Locations

Fremont (main office): Washington Hospital – P: 510-790-1911 F: 510-505-9160

Stanford: Stanford Cancer Center – P: 650-497-6046 F: 650-497-6051

Pleasanton: Stanford Valley Care – P: 925-734-3315 F: 510-505- 9160

FAX TO: _____

FAX #: _____

DATE: _____

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To submit this request, please:

- Choose the Program Store location your patient will be visiting from the list above and fax this Rx Request form to the appropriate number.
- Indicate the items that you are requesting for your patient, sign, date and complete the lines below for our Rx requirement. If you have questions, please call the Fremont office.
- Use this form for patients with non-HMO insurance plans, or Medicare patients.
- **Indicate diagnosis Code, NPI and confirmation of PECOS enrollment.**

Rx Request:

Patient: _____ **Date of Birth:** _____

Patients Phone #: _____

- Qty** _____ **L8000 Surgical Bras Refills** _____
- _____ **L8030 Breast Prosthesis (Silicone)**
- _____ **L8020 Breast Prosthesis (Foam)**
- _____ **L8015 External Breast Prosthesis Garment**
- _____ **L8010/S8424 Compression Sleeve (Ready Made)**
- _____ **S8427 Compression Glove (Ready Made)**
- _____ **S8428 Compression Gauntlet (Ready Made)**
- _____ **A9282 Cranial Prosthesis**

If getting Bras or Prosthesis, please check one:

Patient has continued need for products due to Mastectomy

Patient has a continued need for products due to asymmetry

Diagnosis Code (*Important*): _____

PRINT MD's First & Last Name: _____

Doctor's Signature: _____ **Date** _____

Phone: _____ **Fax:** _____

NPI # _____ **PECOS Enrollment?** YES NO

Information in this facsimile is confidential. If you received this in error, please fax or call us.