



FAX from: HERS Breast Cancer Foundation

- Fremont: Washington Hospital – P: 510-790-1911 F: 510-505-9160
- San Leandro: Kaiser Permanente – P: 510-969-7758 F: 510-505-9160
- Livermore Location P:925- 273-7000 F: 510-505-9160

Email to: fremontreception@hersbreastcancerfoundation.org

FAX TO: _____

FAX # _____

DATE: _____

PAGE _____ of _____

On the form below, we have indicated what your patient has requested. Please sign, date, and complete the lines below for our Rx requirement.

Diagnosis Code, NPI and confirmation of PECOS enrollment MUST BE INDICATED.

Rx Request for:

Patient: _____ Date of Birth: _____

Patients Phone #: _____

Date of Surgery: _____

____ Patient has a continued need for products due to Mastectomy (L R Bilateral)

____ Patient has a continued need for products due to Partial Mastectomy (L R Bilateral)

- Qty _____ L8000 Surgical Bras
- _____ L8030 Breast Prosthesis (Silicone), L8020 Breast Prosthesis (Foam)
- _____ L8035 Breast Prosthesis (Custom)
- _____ L8015 External Breast Prosthesis Garment (Post-Surgical Garment)
- _____ L8010/S8424 Compression Sleeve (Ready Made)
- _____ S8427 Compression Glove (Ready Made)
- _____ S8428 Compression Gauntlet (Ready Made)
- _____ A9282 Cranial Prosthesis

Important Diagnosis Code (ICD-10): _____

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.