



FAX from: HERS Breast Cancer Foundation

- Fremont: Washington Hospital – P: 510-790-1911 F: 510-505-9160
- Pleasanton: Stanford Valley Care – P: 925-416-6738 F: 510-505-9160
- San Leandro: Kaiser Permanente – P: 510-969-7758 F: 510-969-7881

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 Mastectomy Bra’s (With Pocket for Prosthesis)
 ___ L8030 Breast Prosthesis (Silicone), L8020 Breast Prosthesis (Foam)
 ___ L8035 Breast Prosthesis (Custom)
 ___ L8015 External Breast Prosthesis Garment (Post-Surgical Garment)
 ___ L8010/A6578 Compression Sleeve (Ready Made)
 ___ A6581 Compression Glove (Ready Made)
 ___ A6582 Compression Gauntlet (Ready Made)
 ___ A6589 Compression Bra (Ready Made)
 ___ A9282 Cranial Prosthesis

***Important* Diagnosis Code (ICD-10):** _____ (Breast Cancer Diagnosis)

(For lymphedema products we need a lymphedema Diagnosis) _____

(For Wigs we will need a Hair Loss Diagnosis) _____

PRINT MD’s first & Last Name: _____

Doctor’s Signature: _____ Date _____

Phone: _____ Fax: _____

NPI # _____ PECOS Enrollment? YES NO

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