



NORTHEAST MEDICAL PRODUCTS, INC
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 www.northeastmedicalproducts.com

MASTECTOMY PRODUCTS ORDER FORM

Patient Name _____ DOB _____

Address _____

**PLEASE SELECT A SECOND DIAGNOSIS CODE BELOW
 TO ACCOMPANY THE SELECTED Z CODE:**

Diagnosis codes:

- Z90.10 Acquired absence of nipple and breast (mastectomy)
- C50.019 Neoplasm of female breast, nipple and areola
- C50.119 Neoplasm of female breast, central portion
- C50.219 Neoplasm of female breast, upper inner quadrant
- C50.319 Neoplasm of female breast, lower inner quadrant
- C50.419 Neoplasm of female breast, upper outer quadrant
- C50.519 Neoplasm of female breast, lower outer quadrant
- C50.619 Neoplasm of female breast, axillary tail
- C50.819 Neoplasm of female breast, other specified sites
- C50.919 Neoplasm of female breast unspecified
- C79.81 Secondary malignant neoplasm of breast
- D05.90 Carcinoma in situ of breast
- I97.2 Post mastectomy lymphedema syndrome

Equipment ordered:

L8030 Silicone breast prosthesis without adhesive
 Right Left

L8000 Mastectomy bras
 Number of bras _____

Length of need _____

Physician Name _____

Address _____

Phone _____ Fax _____

NPI _____

 Physician Signature Date