Northeast Medical Products, Inc

520 Boston Post Rd, Old Saybrook, CT 06475
860-388-1437 FAX: 860-388-0368
www.northeastmedicalproducts.com
An Innova Medical Group Company

INNOVA MEDICAL PRODUCTS

MASTECTOMY PRODUCTS PRESCRIPTION FORM

Patient Name _____ Phone _____

Address _____

Email _____

DOB _____

Alternate Contact Name _____ Relationship _____ Phone _____

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

Diagnosis codes:

- [X] 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 _____ NPI _____

Address _____

Phone _____ Fax _____

_____ _____
Physician Signature Date