BLACKBURN'S
308 East Sixth Street
Erie, PA 16507
Phone: 814-454-2863 Fax: 814-454-2706
Please call ahead for an appointment

MASTECTOMY PRESCRIPTION / MEDICAL NECESSITY

Please complete all the information below and attach all patient demographic information

PATIENT INFORMATION

First Name: _____ Last Name: _____ DOB: _____

DIAGNOSIS

☐ Breast Cancer ICD-10: C50.9

☐ Post Mastectomy Lymphedema ICD-10: I97.2

☐ Other Lymphedema Acquired ICD-10: I89.0

☐ Other Post Surgical Lymphedema ICD-10: I97.87

MEDICAL NECESSITY

Mastecomy bras and prosthesis are needed to provide balance and symmetry after breast surgery.

Camisole Garments are used post-surgery to provide mild support and accommodate drains if necessary. Also, Camisole Garments may be worn in place of bra limitations if needed.

Compression Garments are worn when lymphatic flow is compromised following breast surgery/node involvement. Garments assist in promoting proper lymphatic flow and are worn daily.

TYPE OF PRODUCTS	QUANTITY
☐ L8000 Mastectomy Bra	Max 6
☐ L8020 Breast Form, Memory Foam	☐ Right ☐ Left
☐ L8030 Breast Prosthesis, Silicone (select one below) ☐ Lumpectomy ☐ Mastectomy ☐ Expanders	
☐ L8015 Ext Breast Prosthesis Garment (select one below) ☐ Post-Op Camisole ☐ Compression Bra	Up to 4
☐ L8032 Nipple Prosthesis	
☐ S8424 / S8423 Gradient Compression Sleeve RTW / Custom	3 ☐ Right ☐ Left
☐ S8428 / S8426 Gradient Compression Hand Piece RTW / Custom	3 ☐ Right ☐ Left

PRACTICE INFORMATION

Practice Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

BY SIGNING BELOW, I CERTIFY that I am the physician identified in this section and AUTHORIZE the use of this document as an order.
I certify that the above prescribed supplies are medically necessary and reasonable. I will maintain an orginal signed and dated copy of this order in my medical records. Please fax completed form to 814-454-2706.

Ordering Physician or Licensed Presciber: (Please Print - Stamps not permitted) _____

Signature: _____ Date: _____ MD# _____ NPI: _____