



**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

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 Refills \_\_\_\_\_

\_\_\_\_ 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.