



Boutique on Main by Superior Home Medical, Inc.

201 N. Main Street • Monroe, NC 28112 • Phone: 980-269-8382 • Fax: 980-269-8383

DETAILED WRITTEN ORDER

PATIENT INFORMATION

Full Name: _____ DOB _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Diagnosis ICD10 Code: _____ Date of Breast Surgery: _____

Primary Insurance: _____ Policy #: _____

Secondary Insurance: _____ Policy #: _____

DOCTOR INFORMATION

Doctor Name: _____ NPI: # _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

ITEMS PRESCRIBED

Quantity	Description of Items	# of Refills
_____	<input type="checkbox"/> Mastectomy Bras (L8000)	_____
_____	<input type="checkbox"/> Prosthesis, Silicone (L8030)	
_____	<input type="checkbox"/> Prosthesis, Non-Silicone (L8020)	
_____	<input type="checkbox"/> Post-Surgical Camisole with Pockets for Drains (L8015)	
_____	<input type="checkbox"/> Prosthetic Nipples (L8032)	

Medicare states that the physician determines medical necessity for these items and requires clinical records to support such a need.

Physician Signature: _____ Date: _____

Patient Signature: _____ Date: _____

Certified Fitter Signature: _____ Date: _____