

TRACEY'S BOUTIQUE

Patient's Name (Required) _____

Birth Date ___/___/___ Order Date (Required) ___/___/___

ICD-10 _____

(Required for Medicare and Insurance Reimbursement)

Physician's Name (PRINT, Required)

Address (PRINT, Optional)

City/State/Zip (PRINT, Optional)

() ()

Office Phone (Optional) Office Fax (Optional)

NPI# (Optional)

Physician's Signature (Required) Date (Required)

IMPORTANT: Per CMS guidelines, signature and date stamps are not allowed.

DETAILED WRITTEN ORDER (DWO)

Items to be Dispensed:	Quantity	No. of Refills	Refill Frequency
<input type="checkbox"/> L8000 Mastectomy Bra without Integrated Breast Form, Any Size, Any Type			
<input type="checkbox"/> L8001 Mastectomy Bra with Integrated Breast Form, Unilateral, Any Size, Any Type			
<input type="checkbox"/> L8002 Mastectomy Bra with Integrated Breast Form, Bilateral, Any Size, Any Type			
<input type="checkbox"/> L8015 Post-Surgical Camisole with Mastectomy Form			
<input type="checkbox"/> L8020 Post-Surgical / Non-Silicone Breast Prosthesis			
<input type="checkbox"/> L8030 Silicone Breast Prosthesis			
<input type="checkbox"/> L8031 Silicone Breast Prosthesis with Integral Adhesive			
<input type="checkbox"/> L8032 Nipple Prosthesis, Reusable, Any Type			
<input type="checkbox"/> L8035 Custom Breast Prosthesis			
<input type="checkbox"/> Other			



Address: 1710 Briargate Blvd #840, Colorado Springs, CO 80920

Phone: 719-424-7565 | **Fax:** 719-559-1710

www.mastectomyitems.com

Hours of Operation:

Monday - Friday: 9am - 3pm

Saturday: *By Appointment Only*