

**Providence Portland
Medical Center**

Phone: 503-215-8998
Fax: 503-215-8416



**Providence St. Vincent
Medical Center**

Phone: 503-216-8502
Fax: 503-216-0536

Patient Name:	DOB:	Start Date of Care:
		Date of Surgery:
Commonly used diagnosis codes: <input type="checkbox"/> C50.911 Mal neo of right female breast <input type="checkbox"/> C50.912 Mal neo of left female breast <input type="checkbox"/> I97.2 Post mastectomy lymphedema syndrome <input type="checkbox"/> I89.0 Lymphedema, not elsewhere classified <input type="checkbox"/> Z90.11 Acquired absence of right breast and nipple <input type="checkbox"/> Z90.12 Acquired absence of left breast and nipple <input type="checkbox"/> Z85.3 Personal history of breast cancer <input type="checkbox"/> Other: _____		Type of Surgery: <input type="checkbox"/> Mastectomy <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> Lumpectomy <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Other: _____

Mastectomy Supplies Required:

- Post- Surgery Garment/Camisole Quantity/yr: _____
- Post- Surgery Bra Quantity/yr: _____ (Only dispensed as medically necessary)
- Foam Breast Form
- Silicone Breast Form
- Patient Preference:** Foam/Silicone Breast Form (Based on Medical Necessity & Best Fit)

Compression Garments/Supplies Required:

- Arm Sleeve 20-30 mmHg 30-40 mmHg
- Hand Glove w/ Fingers 20-30 mmHg 30-40 mmHg
- Hand Gauntlet 20-30 mmHg 30-40 mmHg

Misc. Mastectomy/Compression Items:

- Other: _____

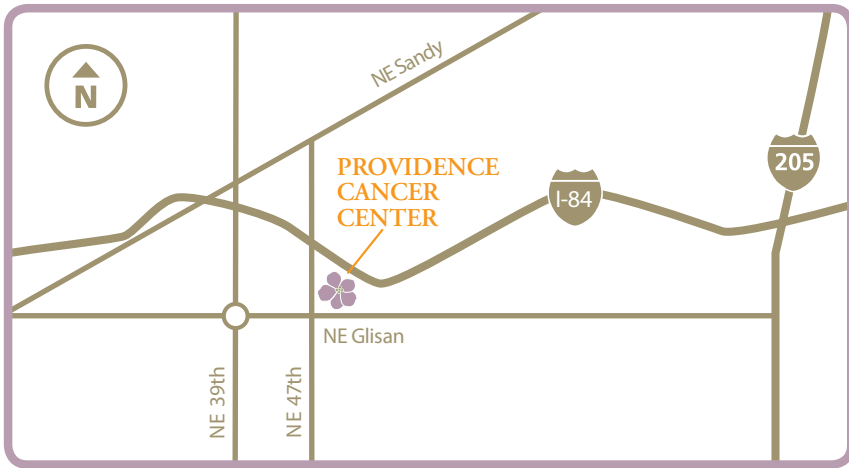
Length of Need (Required by CMS): Lifetime Other: _____

Practitioner Signature: _____ **Date:** _____ *(Required by CMS)*

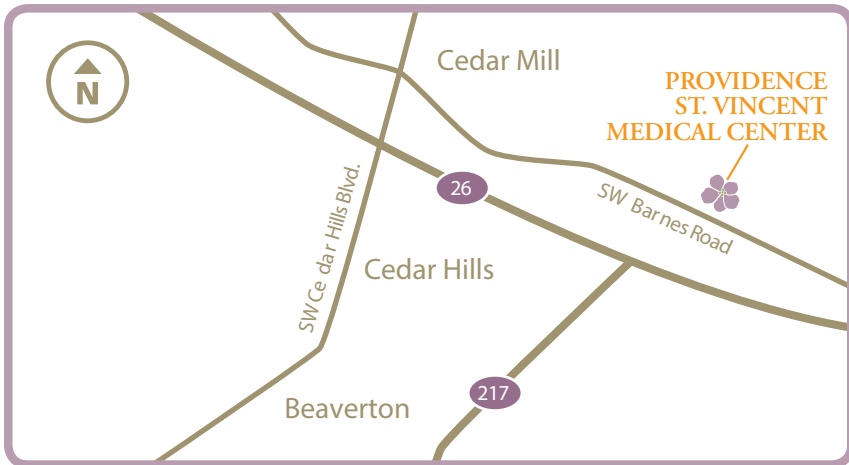
Practitioner Name: (please print): _____ **NPI:** _____

Phone: _____ **Fax:** _____

Practitioner Alert: Please note that CMS requires clinic notes to support all items prescribed.



AT PROVIDENCE CANCER CENTER
 Providence Portland Medical Center
 4805 NE Glisan St., 1st Floor, Cancer Tower
 Portland, OR 97213 • 503-215-8998



AT RUTH J. SPEAR BREAST CENTER
 Providence St. Vincent Medical Center
 9205 SW Barnes Road
 Portland, OR 97225
 503-216-8502, Option 1

HOURS AND LOCATIONS

Appointments are required.
 9 a.m. to 4:30 p.m., Tuesday-Friday
 (closed on federally observed holidays)

[Providence.org/transitions](https://www.providence.org/transitions)



We do not discriminate on the basis of race, color, national origin, sex, age, or disability in our health programs and activities.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (TTY: 711).

注意：如果您講中文，我們可以給您提供免費中文翻譯服務，請致電888-311-9127 (TTY: 711)