



Please print and complete this form, and do one of the following:

- Bring the form to your fitting appointment
- Mail the form at least one week prior to your appointment to Prairie Medical
- Fax the form before your upcoming appointment to **1-800-483-1656**

Appointment Date: / /

Other Related Procedures: _____

Reason for Prairie Medical Appointment (Circle all that apply):

Pre-Op

Routine Fitting

Post-Op

Change in Condition

First Fitting After Surgery

New/Additional Surgery

Re-Fit

Replacement of Supplies

Pick-up Order

Lost Supplies

Other (Please describe):

Referring Physician's Name: _____

Referring Physician's Phone Number: (____) _____

Insurance Information

Name of Insured: _____ Insured Person's Birthdate: ____/____/____

Name of Employer: _____

Address of Employer: _____

Name of Insurance Company: _____

Address of Insurance Company: _____

Policy Number: _____ Group Number: _____

Do you have a prescription for the products you are wanting to acquire? Yes/No

Have you received a breast prosthesis or mastectomy bra before? Yes/No When:

Have you received a post-surgical camisole or bra before? Yes/No When:

Was your insurance billed for any of the previous items you received? Yes/No

To be completed by the patient AFTER the fitting:

I am satisfied with the fit and function of the products I received. Yes No

The fitter asked me if I have any questions. Yes No

My questions were answered satisfactorily. Yes No

I received written care instructions for the items I purchased. Yes No

Patient's Signature: _____

Date: _____

For Prairie Medical Fitter Only:

Have a copy of Medicare/Insurance Card? Yes No

Dispensing order on hand? Yes No

Detailed written order on hand? Yes No

Have clinical documents supporting continued use? Yes No

Continued medical need? Yes No

Prairie Medical Fitter's Signature: _____

Date: _____