



DWO Post-Mastectomy Forms & Garments

FAX COMPLETED DWO, PATIENT DEMOGRAPHICS AND SUPPORTING MEDICAL NOTES TO 207-221-9622

DATE OF ORDER: _____

DATE OF LAST FACE TO FACE: _____

PATIENT INFORMATION

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____ Phone _____

Date of Birth _____ Emergency Contact _____ Emergency Contact Phone _____

REFERRING PT OR CLINIC INFORMATION (if applicable)

Clinic Name _____ Therapist Name _____

Clinic Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Therapist Email _____

PRODUCT PRESCRIBED

Mastectomy Bras # of Bras # of Refills

Torso Compression Garment # of Torso Torso Compression Garment w/ Chip Pad # of Torso w/ Chip

Post-Op Camisole # of Cami's # of Refills Nipple # of Nipples

Breast Prosthesis, Silicone # of Silicone Forms # of Refills
MUST SPECIFY: Right Left Both

Breast Prosthesis, Non-Silicone # of Non-Silicone Forms # of Refills
MUST SPECIFY: Right Left Both

Arm Sleeve Gauntlet Glove MUST SPECIFY: Right Left Both # of Refills

Additional items requested: _____

DIAGNOSIS

Primary ICD10 Numeric Code: _____

Secondary ICD10 Numeric Code: _____

PHYSICIAN INFORMATION (Must be MD, DO, NP or PA)

By signing and dating, I attest to prescribing the above mentioned item(s). In my professional opinion, the item(s) is both reasonable and necessary in reference to the current accepted standards of medical practice and treatment of this patient's condition. All other related treatments have been tried or considered and ruled out.

Physician Name _____ NPI# _____ Phone _____ Fax _____

Physician Address _____ City _____ State _____ Zip _____

Physician Signature _____ Date Signed _____



Medical Office and Clinic Checklist/Process for Post-Mastectomy Products

1. For each patient we need the following documents faxed to **207-221-9622**:

- MedCOR's Detailed Written Order (DWO) signed by the patient's physician.
Must include the following:
 - 3 Dates: Date of Order, Face to Face Date, and Physician's Signature Date
 - Patient Information
 - Product prescribed (including right/left specification, refills, etc.)
 - ICD10
 - Physician information including signature and date
- Patient Demographics/Face Sheet
- Patient Insurance Information
- Relevant Medical Notes to support diagnosis and prescription

2. Once referral is received by MedCOR we begin the Patient Intake Process:

- MedCOR verifies patient insurance eligibility and contacts the patient directly to discuss financial responsibility.
- MedCOR schedules an appointment (if needed – walk-ins are also welcome) for patient to be measured and fitted.
- MedCOR services patient with appropriate items. If a special order is needed, MedCOR will place the order and contact the patient when we receive the order in.

Please note:

MedCOR is bound by strict regulations and guidelines for insurance services. We might have to call clinic referral sources and/or doctor's offices several times to get all accurate information on file in order to service your patient. This is due to strict Medicare regulations which are followed by most insurance carriers.