

circle one

SCANNED / MOULDED



Custom Prosthesis Order Form

Please Complete Form In Its Entirety *

Patient's Name: _____ DOB: _____

LEFT	
Mastectomy	
Lumpectomy	
Large Lumpectomy	
Reconstruction	
Prosthesis Size	
Brand	
RIGHT	
Mastectomy	
Lumpectomy	
Large Lumpectomy	
Reconstruction	
Prosthesis Size	
Brand	
BILATERAL	
Mastectomy	
Lumpectomy	
Large Lumpectomy	
Reconstruction	
Prosthesis Size	
Brand	

Bra Size: _____ Brand: _____ Style#: _____

Breast Color: _____ Nipple Color: _____

Was Nipple Impression Created? **Y / N**

If no nipple impression was created – desired nipple size: **S M L**

Prosthesis Placement LEFT – Covering Nipple? **Y / N Not Applicable**

Prosthesis Placement RIGHT – Covering Nipple? **Y / N Not Applicable**

Expectations Sheet Reviewed and Signed? **Y / N**

Certificate of Medical Necessity Completed? **Y / N**

Comments: _____

*** Custom Prosthesis(es) will not be fabricated for patients whose forms are INCOMPLETE**

Bra On – Photos Attached? **Y / N**

Fitter's Name: _____

Bra Off – Photos Attached? **Y / N**

Place of Service: _____

Photos Emailed?

Date Scanned/Molded: _____

bfrin1@icloud.com **Y / N**
dwilson@bfrin.org **Y / N**

Pick-Up Appointment (3 months from scan date): _____

DO NOT WRITE BELOW THIS LINE – LAB ONLY

Remake?: **Y / N**

Comments: _____

Bilateral Included?: **Y / N**

Date Completed: _____

Initials: _____