

circle

Breast: SCANNED / MOULDED / NA  
Nipples: SCANNED / MOULDED / NA



### Custom Prosthesis Order Form (CPOF)

Breast and Nipple - 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**

REASONS Form Reviewed and Signed? **Y / N**

xx

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bra On – Photos Attached? **Y / N**

Fitter's Name: \_\_\_\_\_

Bra Off – Photos Attached? **Y / N**

Place of Service: \_\_\_\_\_

Photos Emailed?

Today's Date \_\_\_\_\_

bfrin1@icloud.com **Y / N**

Pick-Up Appointment (3 months from today's date): \_\_\_\_\_