



Mastectomy Products
 Breast Prostheses
 Mastectomy Bras
 Compression Therapy
 Lymphedema Therapy
 Compression Stockings
 Compression Sleeves

Referral for Pumps

*The pumps are covered by **Medicare** & most insurance companies.*

We complete all necessary paperwork except the required CMN and RX that Dr must sign. We will ensure delivery of pump and instruct patient on use to ensure compliance.

Information Needed

1. Patient name _____ DOB _____
2. Insurance info-Medicare _____
 2ndary or other carrier _____
 ID# _____ Group # _____
3. Phone _____ (C) _____
 Address _____
 City _____ ST _____ Zip _____

We will need to know arm or legs. If legs we need to know 1 or 2 and inseam, ankle, calf and mid thigh measurement.

Please fax or call in the following information to:

Kristina Shade (Cell) 972-786-3732

(Fax) 214-692-8945 (Office) 214-692-8893

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Look for us on the web: www.atclosetoyou.com