



## Pearl Rose Wellness

Pre & Post Breast Cancer Care Services

### DURABLE MEDICAL EQUIPMENT PRESCRIPTION

NPI: \_\_\_\_\_

Patient's Full Name \_\_\_\_\_ Patient's telephone number \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Physician's name: \_\_\_\_\_

Physician's telephone number: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

Please check ALL that applies:

Mastectomy Bra: \_\_\_\_\_ qty: \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Bi-lateral \_\_\_\_\_

Upper/Lower Extremities Custom: qty: \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Bi-lateral \_\_\_\_\_

Reduction Kits/ ReadyWrap (Upper/Lower): \_\_\_\_\_ qty: \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Bi-lateral \_\_\_\_\_

Silicone Breast Form: \_\_\_\_\_ qty: \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Bi-lateral \_\_\_\_\_

Tribute Wrap (Upper/Lower): \_\_\_\_\_ qty: \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Bi-lateral \_\_\_\_\_

Head & Neck Wrap: \_\_\_\_\_ qty: \_\_\_\_\_ Nighttime Tribute Head Wrap \_\_\_\_\_

Compression Bras: \_\_\_\_\_ qty: \_\_\_\_\_ Compression Tank: \_\_\_\_\_

Compression sleeve: \_\_\_\_\_ qty: \_\_\_\_\_ mmHg (circle): 20-30mmHg/ 30-40mmHg

Hand gauntlet or glove (circle) \_\_\_\_\_ qty: \_\_\_\_\_ mmHg (circle): 20-30mmHg/ 30-40mmHg

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

***We offer Virtual appointments and in-office appointment at your referral provider's office on Wednesday and Friday by appointment only. Please contact your referral provider staff to confirm referral's office appointments for fittings are an option for you or call Pearl Rose Wellness at 813-409-3425 for any questions and/or to make an appointment. Referrals can be fax to 813-409-3427. Thank you.***

We are located at:

Oakfield Business Center

1463 Oakfield Drive Suite- 132 Brandon, FL 33511

Phone: (813) 409-3425 Fax: (813) 409-3427

[www.pearlrosewellness.com](http://www.pearlrosewellness.com)