



**NORTHEAST MEDICAL PRODUCTS, INC**  
 520 Boston Post Rd, Old Saybrook, CT 06475  
 860-388-1437 F: 860-388-0368  
 www.northeastmedicalproducts.com

**MASTECTOMY PRODUCTS ORDER FORM**

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

**PLEASE SELECT A SECOND DIAGNOSIS CODE BELOW  
 TO ACCOMPANY THE SELECTED Z CODE:**

Diagnosis codes:

- \_\_\_\_\_ Z90.10 Acquired absence of nipple and breast (mastectomy)
- \_\_\_\_\_ C50.019 Neoplasm of female breast, nipple and areola
- \_\_\_\_\_ C50.119 Neoplasm of female breast, central portion
- \_\_\_\_\_ C50.219 Neoplasm of female breast, upper inner quadrant
- \_\_\_\_\_ C50.319 Neoplasm of female breast, lower inner quadrant
- \_\_\_\_\_ C50.419 Neoplasm of female breast, upper outer quadrant
- \_\_\_\_\_ C50.519 Neoplasm of female breast, lower outer quadrant
- \_\_\_\_\_ C50.619 Neoplasm of female breast, axillary tail
- \_\_\_\_\_ C50.819 Neoplasm of female breast, other specified sites
- \_\_\_\_\_ C50.919 Neoplasm of female breast unspecified
- \_\_\_\_\_ C79.81 Secondary malignant neoplasm of breast
- \_\_\_\_\_ D05.90 Carcinoma in situ of breast
- \_\_\_\_\_ I97.2 Post mastectomy lymphedema syndrome

**Equipment ordered:**

\_\_\_\_\_ L8030 Silicone breast prosthesis without adhesive  
 \_\_\_\_\_ Right \_\_\_\_\_ Left

\_\_\_\_\_ L8000 Mastectomy bras  
 Number of bras \_\_\_\_\_

Length of need \_\_\_\_\_

Physician Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

NPI \_\_\_\_\_

\_\_\_\_\_  
 Physician Signature Date