

Intimate Image | 22941 Ventura Boulevard, Unit M | Woodland Hills, CA 91364
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Fax To:	From:	Date:
Fax #:	Phone #:	# Page(s):
Re:		
CC:		
(Urgent ✓ For Review Please Comment Please Reply ✓ Please Handle)		

Comments:
 DOCTOR ASSESSMENT RELATING TO PATIENT MUST BE IN DOCTOR MEDICAL NOTES THEN FAXED BACK TO INTIMATE IMAGE. ANY QUESTIONS PLEASE CALL.
 BELOW ARE THE ASSESSMENT REQUIREMENTS PER MEDICARE.
 MEDICARE IS DEMANDING THIS BEFORE THE PATIENT CAN BE REIMBURSED BY MEDICARE. MEDICAL ASSESSMENT/NOTES NEEDED FROM YOUR FILES:

<input type="checkbox"/>	ASSESSMENT OF PATIENT RELATING TO DIAGNOSIS OF BREAST CANCER
<input type="checkbox"/>	DIAGNOSIS CODE
<input type="checkbox"/>	DATE OF SURGERY
<input type="checkbox"/>	INDICATE WHICH SURGERY: (i.e. Mastectomy / Lumpectomy / Partial Mastectomy)
<input type="checkbox"/>	INCLUDE SURGICAL SIDE
<input type="checkbox"/>	SILICONE BREAST FORM AND FREQUENCY (i.e. every 2 years: DURATION life time?)
<input type="checkbox"/>	INDICATE NUMBER OF BRAS PER YEAR TO BE SUPPLIED (dispensing 3 bras every 4 mths)
<input type="checkbox"/>	LIST ANY FUNCTIONAL LIMITATIONS: (i.e. Arthritis; pacemaker; range of motion)