



DWO Post-Mastectomy Forms & Garments

FAX COMPLETED DWO, PATIENT DEMOGRAPHICS AND
SUPPORTING MEDICAL NOTES TO **207-221-9622**
Or, email this completed form to orders@medcorpro.com

DATE OF ORDER: _____

DATE OF LAST FACE TO FACE: _____

PATIENT INFORMATION

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____ Phone _____

Date of Birth _____ Emergency Contact _____ Emergency Contact Phone _____

REFERRING PT OR CLINIC INFORMATION (if applicable)

Clinic Name _____ Therapist Name _____

Clinic Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Therapist Email _____

PRODUCT PRESCRIBED

MUST SPECIFY: RIGHT LEFT BILATERAL

MUST SPECIFY: READYMADE CUSTOM DAYTIME NIGHTTIME

Breast Prosthesis, **CUSTOM** # of custom forms _____ # of Refills _____

Breast Prosthesis, Silicone # of Silicone Forms # of Refills

Breast Prosthesis, Non-Silicone # of Non-Silicone Forms # of Refills

Mastectomy Bras # of Bras # of Refills

Torso garment (compression bra or camisole) # of Torso # of Refills

Chip Pad/Swell Spot # of Chip # of Refills

Arm Sleeve Gauntlet Glove Qty Per Body Part # of Refills

Narrative for additional items or notes: _____

DIAGNOSIS

Primary ICD10 Numeric Code: _____ Secondary ICD10 Numeric Code: _____

PHYSICIAN INFORMATION (Must be MD, DO, NP or PA)

By signing and dating, I attest to prescribing the above mentioned item(s). In my professional opinion, the item(s) is both reasonable and necessary in reference to the current accepted standards of medical practice and treatment of this patient's condition. All other related treatments have been tried or considered and ruled out.

Physician Name _____ NPI# _____ Phone _____ Fax _____

Physician Address _____ City _____ State _____ Zip _____

Physician Signature _____ Date Signed _____



We cannot service your patient without the following completed.

Detailed Written Order (DWO) signed by the patient's physician. Must include the following:

- ☐ 3 Dates: Date of Order, Face to Face Date and Physician's Signature Date
- ☐ Patient Information
- ☐ Product prescribed per body part, check all that apply
- ☐ Right, Left or Bilateral for all pieces being prescribed

Demographic Sheet with insurance information.

Medical notes MUST accompany all referrals supporting the need for all garments being prescribed.

MedCOR will follow up with patients to discuss financial responsibility and next steps.

- ☐ MedCOR verifies patient insurance eligibility and contacts the patient directly to discuss financial responsibility.
- ☐ MedCOR schedules an appointment for patients to be measured and fitted, if needed.
- ☐ MedCOR services patients with appropriate garments. If a special order is needed, MedCOR will order garments and direct ship.

Please note:

MedCOR is bound by strict regulations and guidelines for insurance services. We might have to call clinic referral sources and/or doctor's offices several times to get all accurate information on file in order to service your patient. This is due to strict Medicare regulations which are followed by most insurance carriers.