



OVER MY HEAD CANCER CARE BOUTIQUE

500 Thomas Lane Ste 1A, Columbus, OH 43214 – Bing Cancer Center
 6700 Perimeter Drive Ste G, Dublin, OH 43016 – Dublin Cancer Center

TELEPHONE: 614.566.4700 **FAX:** 614.566.1911

EMAIL: info@overmyheadboutique.com

Patient Name _____	DOB _____
Address _____ City _____	
State _____ Zip _____ Insurance _____	
Patient primary phone number _____ Other phone number _____	

Please indicate diagnosis:

	Z85.3	Personal history of malignant neoplasm of breast
	Z80.3	Family history of malignant neoplasm of breast
	C50.919	Malignant neoplasm of unspecified site of unspecified female breast
	C50.912	Malignant neoplasm of unspecified site of left female breast
	C50.911	Malignant neoplasm of unspecified site of right female breast
	Z90.12	Acquired absence of left breast
	Z90.11	Acquired absence of right breast
	Z90.13	Acquired absence of bilateral breast
	L64.0	Drug-induced androgenic alopecia
	I89.0	Lymphedema
	I97.2	Postmastectomy lymphedema syndrome

Dispensed as needed: YES NO

	CODE	ITEM	QTY
	L8000	Mastectomy bra	
	L8015	External breast prosthesis garment with mastectomy form/post-surgical camisole	
	L8020	Breast prosthesis (non-silicone)	
	L8030	Breast prosthesis (Silicone or equal)	
	L8035	Custom breast prosthesis (molded to patient)	
	L8032	Nipple prosthesis (reusable/any type)	
	A6589	Compression bra	
	A6570	Compression girdle	
	A9282	Cranial Prosthesis	

Refills: 1 2 3 4

____ PLEASE SEND PATIENT’S LATEST OFFICE VISIT NOTE AS MEDICAL RECORDS FOR INSURANCE BILLING PURPOSES

I have referred this patient to Over My Head for medical equipment which has been deemed medically necessary.

Physician Name _____	NPI _____
Address _____ City _____	
State _____ Zip _____ Phone _____ Fax _____	
Physician Signature _____ Date _____	