

Patient Name: _____ Date: _____

Address: _____ DOB: _____

Replacement parts for mastectomy supplies (circle all that apply)

L8000 Mastectomy bras

L8030 Prosthesis

or replace as medically necessary

Diagnosis: _____

Length of need: _____ (99 months = lifetime)

Signature: _____ Date: _____

Printed name: _____

NPI: _____

Fax back to: (785) 235-9703

We must also get chart notes that show patient has
Mastectomy.



Jayhawk Patient Supply
2620 SW 6th Ave.
Ste "E"
Topeka, KS 66606
785-235-9700
785-235-9703 Fax

Jayhawk Pharmacy &
Patient Supply
2860 SW Mission Woods Dr
Topeka, KS 66614
785-228-9700
785-228-1375 Fax

Fax Cover Sheet

To:		From:	Paige
Fax Number:		Return Fax:	785-235-9703
Phone Number:		Return Phone:	785-235-9700
Department:		Pages including cover:	
Date:			

Urgent For your information Please respond ASAP _____

For patient to get new mastectomy supplies please fill out attached script and add a copy of chart notes **within the last 6 months** showing that patient has had a mastectomy.

Please call me with any questions.

Thanks

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