



Great Lakes Home Healthcare Services

Breast Prosthetic & Apparel Prescription

Diagnosis/ICD-9: _____

Patient Name: _____

DOB: _____ Phone: _____

- Post-Op Recovery Garment(s)
- Breast Prosthetic: (please indicate) Left Right
- Bras

Comments _____

Start of Service: _____	Quantity of: 6
Physician Name: _____ <i>(print)</i>	
Physician Signature _____	Date: _____
Physician License #: _____	

Erie, PA:	Phone: (814) 877-6121	Fax: (814) 455-9440
Bradford, PA:	Phone: (814) 362-8141	Fax: (814) 362-9113
Meadville, PA:	Phone: (814) 337-6900	Fax: (814) 337-6902
Jamestown, NY:	Phone: (716) 664-5092	Fax: (716) 664-6570
Fredonia, NY:	Phone: (716) 672-4704	Fax: (716) 672-4706

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