*Note:*

* *This prescription is not valid unless printed on Doctor/Hospital headed paper.*
* *Circle the correct surgery type below - single/double*

*(Delete this instruction before printing.)*

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

To whom it may concern,

Please be advised that the following patient has undergone a

\\\\\\\\\\\\\\\\\\\\\\

Single Mastectomy

Double Mastectomy

Therefore, requires the following products:

2x Mastectomy Bras

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1x/2x Breast Prostheses

\\\\\\\\\\\\\\\\\\\\\\

1x/2x Swimming Breast Prostheses

1x Mastectomy Swimwear

|  |  |
| --- | --- |
| **Patient’s Name:** |  |
| **Address:** |  |
|  |
|  |
| **Medical Card Number:**  (If Applicable) |  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp

(If Applicable)

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_