EMORY UNIVERSITY SCHOOL OF MEDICINE | Division of Plastic and Reconstructive Surgery

BREAST REDUCTION REQUIREMENTS TO OBTAIN AN APPOINTMENT

Thank you for choosing Emory Healthcare. Prior to scheduling your appointment, please fax this cover sheet and ALL of the information below to plasticsugfaxmot@emoryhealthcare.org or 404-686-4560. Once all information is received, our team will contact you within 7 business days.

Name: _____ DOB: _____

Provider Preference: ☐ Albert Losken, MD ☐ Angela Cheng, MD ☐ Mark Walsh, MD
☐ Peter Thompson, MD ☐ Robert Fang, MD ☐ No Preference

(1) Mammography report (if patient is older than 40 years old)

(2) Initial office visit history and physical. Physician note must include the following as applicable:

Assessment:
- Neck/upper thoracic back pain
- Pigmentation of shoulders
- Rashes in summer months
- Grooving at shoulders
- Weight/height
- Size of breast (cup size)
- How it impacts their daily lifestyle (i.e. can't run or exercise, clothes don't fit, etc.)

Plan of care:
- Method of conservative treatment recommended: Support bra, PT, OTC analgesics, etc.

(3) Follow up office visit (60-180 days later depending on insurance plan) history and physical. Physician note must include the following as applicable:

Assessment:
- Neck/upper thoracic back pain
- Pigmentation of shoulders
- Rashes in summer months
- Grooving at shoulders
- Weight/height
- Size of breast (cup size)
- How it impacts their daily lifestyle (i.e. can't run or exercise, clothes don't fit, etc)

Plan of care:
- Method of conservative treatment tried and failed: Support bra, PT, OTC analgesics, etc.
- Referral for Breast Reduction Surgery

NOTE: The following information must be in the form of office visit notes dictated by your referring provider. Letters NOT accepted as proof of medical necessity.