



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 indicated below** to plasticsurgfaxmot@emoryhealthcare.org or 404-686-4560. ***Please note this is only a cover sheet, all documentation listed below must be returned along with this sheet.** Once all information is received, our team will contact you within 7 business days.

Name: _____ DOB: _____

Provider Preference: Albert Losken, MD Angela Cheng, MD Heather Faulkner, MD
 Peter Thompson, 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.