

RICHARD A. BARTLETT, M.D., P.C.
1 Brookline Place, Suite 620
Brookline, MA 02445
617-735-1800

FORM FOR PATIENTS REQUESTING BREAST REDUCTION

Your Insurance requires the following information for anyone requesting a breast reduction:

NAME _____

HISTORY AND SYMPTOMS OF THE PROBLEM:
(Please include pain, skin problems, etc.)

LIMITATIONS YOU HAVE AS THE RESULT OF THIS PROBLEM:

OTHER TREATMENTS YOU HAVE TRIED: (Medication, Physical Therapy, etc.)
(Please include results of treatments). Please list medications and frequency.

FAMILY HISTORY OF BREAST PROBLEMS

******If you have had a mammogram, please fax your latest results to Dr. Bartlett at 617-617-735-1810******