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QUESTIONAIRE FOR BREAST REDUCTION:
(This is required by your insurance company)

1. **Please describe any pain or discomfort from your condition: (back and neck pain, shoulder grooving, rashes etc.)**

2. **Please describe the limitations in your life that you experience: (exercising, finding cloths, bras, etc.)**

3. **What have you done to try to alleviate the symptoms? (pain medication, exercise, physical therapy, chiropractic)**

4. **What other information should your insurance know regarding this problem?**

<u>IF YOU HAVE AETNA INSURANCE, THEY REQUIRE A LETTER FROM ANOTHER PHYSICIAN DESCRIBING YOUR SYMPTOMS AS WELL AS FROM DR BARTLETT.</u>