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

1. I have been suffering from the following symptoms (check all that apply):

*** Please include how long you have been suffering from these symptoms.** *Please note: most health insurance plans require a minimum 6-month history of symptoms.

- Rashes Under and/or Between Breasts for _____ Months OR Years
- Neck Pain for _____ Months OR Years
- Shoulder Pain for _____ Months OR Years
- Back Pain for _____ Months OR Years
- Bra Strap Grooving for _____ Months OR Years
- Headaches for _____ Months OR Years
- Other (please describe): _____

2. I have tried the following conservative therapies in order to alleviate my symptoms due to the weight of my breasts (check all that apply):

**Please note: most health insurance plans require a minimum of 6-week "conservative management" which includes but is not limited to the following below.*

- NSAIDs (Ibuprofen, Aspirin, etc.) for _____ Months OR Years
- Pain Medication for _____ Months OR Years
- Hot/Cold Therapy for _____ Months OR Years
- Massage Therapy for _____ Months OR Years
- Physical Therapy for _____ Months OR Years
- Supportive Bras/Garments for _____ Months OR Years
- Supportive Back Brace for _____ Months OR Years
- Correction of Obesity I have lost _____ pounds.
- Other (please describe): _____

3. What other information should you insurance company know regarding this problem?

WE REQUIRE A LETTER FROM YOUR PCP AND/OR PHYSICAL THERAPIST WHO CAN ATTEST TO YOUR SYMPTOMS AND INDICATE THAT A BREAST REDUCTION IS MEDICALLY NECESSARY. Please include this letter with your forms for our office. The letter should address: your

current signs and symptoms, history of prior treatment to alleviate symptoms (if any) and that your functional impairment with your condition will be corrected by having a breast reduction procedure. We will not submit to your health insurance to request authorization for the procedure until we have all of the necessary documents on file. Please contact our office with any questions, 617-735-1800.