

A FITTING EXPERIENCE
MASTECTOMY SHOPPE, INC.

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ABCOP Accredited Facility Accredited Licensed CFm Fitters

WWW.AFITTINGEXPERIENCE.COM

I, (NAME) _____, AM
UNABLE TO TRAVEL TO A FITTING EXPERIENCE DUE TO THE FOLLOWING REASONS
OR CIRCUMSTANCES AND PREFER TO HAVE A PHONE CONSULTATION OVER THE
PHONE BY A CERTIFIED MASTECTOMY FITTER AND TO HAVE MY PRODUCTS
DELIVERED TO MY RESIDENCE. DELIVERY/SHIPPING CHARGES WILL APPLY.

PLEASE CHECK ALL THAT APPLY:

- NO TRANSPORTATION
- I DO NOT DRIVE
- DISABLED/HANDICAPPED
- HOMEBOUND
- LIVE IN A NURSING HOME OR ASSISTED LIVING FACILITY
- I LIVE OUT OF THE AREA-TOO FAR TO TRAVEL
- I AM SATISFIED WITH PRODUCTS AND SIZES FROM PRIOR FITTINGS
- OTHER: _____

**IMPORTANT: PLEASE INCLUDE A COPY OF YOUR
INSURANCE CARD(S) FRONT AND BACK AND A COPY OF
YOUR STATE
DRIVER'S LICENSE OR I.D. CARD**

X _____ DATE: _____
SIGNATURE

PLEASE MAIL THIS FORM BACK IN THE ENCLOSED PINK ENVELOPE.

