

## **Symptoms and Complaints Indicating the Need for Breast Reduction Surgery**

In order to secure pre-authorization for breast reduction surgery, all insurance carriers require a detailed list of reasons and symptoms affecting the patient. Functional impairment is the key.

All activities that give the patient day to day problems need to be recorded. The easiest way to do this is to divide your day into segments of activity. It is very difficult to be put on the spot in my office and come up with several examples of your problems.

Please complete this form with great care since approval of your surgery depends on what you list and say here.

**Sleep Time:** (example: difficulty sleeping on your back because breasts pull to the sides or feel like weights smothering you)

**School, Work, Daytime Activities:** (example: cannot use a computer or do desk top work because breasts prevent you from getting close enough to the counter or work space)

**Leisure Time:** (example: problems eating in restaurants, having to give up sports or exercises that you cannot do)

**Home Related Chores:** (example: can't bend forward to do dishes due to back pain, difficulty going up and down stairs because you have to hold your breasts)

**What do you do to relieve symptoms?** (example: lie down, use heat, take Advil, massage, chiropractor, etc.)