

**RUCKER MD**  
**Plastic Surgery Clinic of Eau Claire**  
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**3221 Stein Blvd., Eau Claire, WI 54701**

BREAST REDUCTION QUESTIONNAIRE

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Most insurance companies are requesting 3-6 months of documented conservative therapy for symptoms associated with large breasts before they will authorize surgery. This questionnaire is to help us to provide that information to your insurance company.

**Please provide the following:**

- Letter and/or clinical notes from Primary Care Physician explaining conservative measures that have been tried and failed; noting that symptoms are due to large/heavy breasts.
- Letter and/or clinical notes from Chiropractor, Physical Therapist, and/or Massage Therapist explaining conservative measures.
- If you are over 40: Results of most current mammogram (must be within the last year).

**If you have the following symptoms, please indicate with a check mark:**

Bra strap irritation	_____	Chest wall heaviness	_____
Shoulder pain	_____	Upper back pain	_____
Lower back pain	_____	Neck strain	_____
Shoulder strap grooving	_____	Rashes beneath the breasts	_____
Hand tingling or numbness	_____	Impediment of activities	_____

Primary Care Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Approximate dates of length and treatment, method of treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Chiropractor: \_\_\_\_\_

Address: \_\_\_\_\_

Approximate dates of length and treatment, method of treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physical Therapy: \_\_\_\_\_

Address: \_\_\_\_\_

Approximate dates and length of treatment, method of treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications Tried: \_\_\_\_\_