



Breast Pump Physicians Order/ CMN
1007 Lexington Avenue, Thomasville, NC 27360
1-336-472-1741 (Phone) • 1-336-472-2457 (Fax)

Date of Order _____
 Patient Name _____ DOB _____ SS# _____
 Address _____ Telephone _____
 Insurance _____ Telephone _____
 Policy # _____ Policy Holder _____

Primary Diagnosis Z39.1 - Encounter for care and examination of lactating mother

PRODUCT - E0603 – Double Electric Breast Pump

- A4285 – Polycarbonate Bottle
- A4281 – Tubing for Breast Pump
- A4284 – Breast Shield & Splash Protector for use with Breast Pump
- A9900 – Storage Bags
- A9900 – Breast Pump Kits which include one set of tubing, two 24mm (Medium) PersonalFit breastsheilds, two PersonalFit connectors, eight disposable bra pads, two valves & membranes, one Drawstring bag for storage and organization - 2/Birth
- A4283 – Cap for Breast Pump Bottle
- A4286 – Locking Ring for Breast Pump
- A4282 – Adapter for Breast Pump

	Treating Practitioner	NPI

Clinic Name: _____ Phone: _____
 Address: _____
 Physician Signature: _____ Date: _____

I certify the above prescribed equipment is medically indicated and supports accepted standards of medical practice for this patient’s condition.

**PLEASE FAX THIS FORM WITH A COPY OF PATIENT
 INSURANCE/DEMOGRAPHIC INFORMATION TO 336-472-2457.**