



Breast Pump Physicians Order/ CMN
813 H. East Roosevelt Boulevard, Monroe, NC 28112
1-704-238-0027 (Phone) · 1-704-238-0024 (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

A4283 – Cap for Breast Pump Bottle

A4281 – Tubing for Breast Pump

A4286 – Locking Ring for Breast Pump

A4284 – Breast Shield & Splash Protector for use with Breast Pump

A4282 – Adapter for 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

	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 704-238-0024.**