



Breast Pump Physicians Order/ CMN
1804 Owen Drive, Fayetteville, NC 28304
1-910-864-3810 (Phone) · 1-910-864-4371 (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

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|---|--------------------------------------|
| 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 breastsheids, two PersonalFit connectors, eight disposable bra pads, two valves & membranes, one Drawstring bag for storage and organization - 2/Birth

| | Treating Practitioner | NPI |
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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 910-864-4371.