LIBERTY MEDICAL SPECIALTIES

Breast Pump Physicians Order/ CMN
1120 Ocean Highway West, P.O Box 200, Supply, NC 28462
1-910-755-0023 (Phone) · 1-910-755-6509 (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 910-755-6509.

LMS-418
Rev. 08/2016