

**Breast Pump Order Form**  
***Fax form to 203-281-2859 or mail to the above address***

**MOTHER'S INFORMATION (Must be completely filled out)**

Mother's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Mother's DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Baby Due Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Insurance: \_\_\_\_\_ Member ID & Group #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Dual Channel Breast Pump**

- LED Display provides status of programs and functions.
- Adjustable Multi-level Dual Channel for Optimum Expression.
- Includes Two Soft Silicone Cushion Breast Cups.
- Bottle Feeding Adapter Kit & Storage Containers with Lids.
- Closed System Anti-backflow Diaphragm prevents milk from entering the tubing or electric motor.
- Bisphenol A (BPA) Free.
- May be powered with four AA Alkaline Batteries.
- A/C Power Supply Included.
- One Year Limited Consumer Warranty.
- 2 Bottle Caps | 2 Silicone Cushions
- 4 preset speeds

**Breast Pump Prescription/Physician Authorization**

(Must be completed by prescribing physician or nurse practitioner)

Date: \_\_\_\_\_ Clinic / Hospital Name: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Clinic Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**RX EQUIPMENT ORDER: Double Electric Breast Pump (E0603) – Brand: Drive Medical MQ9120**

**DIAGNOSIS (please check):**

☐ **Breastfeeding/Lactating Mother (V24.1)**

☐ **Other:** \_\_\_\_\_ **Diagnosis Code:** \_\_\_\_\_

I certify that this order is reasonable and medically necessary or now approved under the Affordable Care Act and not merely a convenience item. This document will serve as a confirmation of a verbal order and is also written in the patient's record. The foregoing information is true, accurate and complete. I understand that any falsification, omission or concealment of material fact may subject me to civil or criminal liability.

**MD/NP**

**Signature (Required):** \_\_\_\_\_ **NPI # (Required):** \_\_\_\_\_