



## Electric Breast Pump Order Form

Order Date: _____	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Patient ID: _____	Patient's DOB: _____
Patient's Name: _____		Insurance Carrier: _____	
Patient's Address: _____		ID #: _____	Group #: _____
City: _____ State: _____ Zip: _____		Secondary Insurance: _____	
Patient's Telephone: _____		ID #: _____	Group #: _____
Patient's Email: _____		Expected Due Date: _____	

<b>Reason for Medical Necessity (Other than diagnosis)</b> _____ (Must be filled out for Medicaid Patients)
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<b>Diagnosis Code</b>	<b>Duration of Need</b> _____
<input type="checkbox"/> Z39.1 - Encounter for care and examination of lactating mother	<input type="checkbox"/> 092.5 - Suppressed lactation
<input type="checkbox"/> P92.5 - Difficulty in feeding at the breast	<input type="checkbox"/> 092.70 - Unspecified disorders of lactation
<input type="checkbox"/> Other Diagnosis: _____	

<b>Equipment</b>	
<input checked="" type="checkbox"/> <b>Electric Breast Pump</b>	<input checked="" type="checkbox"/> <b>Milk Storage Bags, 120 count</b>

<b>Physician Name &amp; Credentials</b> _____	
<b>Telephone</b> _____	<b>Fax</b> _____ <b>NPI</b> _____
<b>Prescribing Physician's Signature</b> _____ (Stamped signature not accepted)	_____ (Signature Date)

### Michigan Locations

Howell Phone 517-548-1443 Fax 517-548-1588  
Brighton Phone 810-225-7701 Fax 810-225-8062  
Ann Arbor Phone 734-528-2522 Fax 734-528-2312  
Fowlerville Phone 517-223-8243 Fax 517-223-8538

### Colorado Locations

Denver Phone 720-920-4038 Fax 720-920-4039  
Colorado Springs Phone 719-442-1772 Fax 719-227-1172