30150 Telegraph Rd., Suite 185, Bingham Farms, MI 48025
P: 248-594-0055 T: 877-363-7133 F: 248-282-9049 info@thedmesource.com

BREAST PUMP & MATERNITY PRESCRIPTION ORDER FORM

Patient Information:

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ DOB: _____

Phone: _____ Email: _____

Insurance: _____ID #: _____

Length of Need (99=Lifetime): _____

Diagnosis/ICD-10: ❑ Z39.1 ❑ M54.5 ❑ Other: _____

Order Information:

❑ Electric Breast Pump (E0603): ❑ Medela ❑ Spectra ❑ Elvie
❑ Cimilre ❑ BabyBuddha

❑ Breast Pump Replacement Parts - Tube, Adapter, Cap, Shield, Bottle & Lock Ring (A4281, A4282, A4283, A4284, A4285, A4286)

❑ Pregnancy Support - Sacroiliac Orthosis - OTS (L0621)

❑ Post Pregnancy Support - Sacroiliac Orthosis - OTS (L0621)

❑ Gradient Compression Sock (A6530)

I certify that the above prescribed equipment is medically indicated and supports standards of medical practice for this diagnosis.

Ordering Doctor: _____ **NPI:** _____

Signature: _____ **Date:** _____

Hospital/Facility Name: _____ **Phone:** _____

Please fax completed form to 248-282-9049