

LACTATION AID

■ Prescription

Email to: info@militarymedical.us.com

Fax to: (800) 497-8856

ALL FIELDS REQUIRED

Date: _____ Baby DOB: _____

Patient Name: _____ Patient DOB: _____

Patient Address: _____

City: _____ State: _____ Zip: _____

Patient Cell: _____ Patient Email: _____

Patient Benefits Number (11 digits): _____

Additional information including medical necessity for the additional supplies: _____

DISPENSE ONE SNS

SNS



DX CODE:

- O92.79 - Lactation delayed
- O92.3 - Agalactia
- O92.4 - Lactation suppressed (Hypogalactia)
- Other _____

All diagnoses must be related to lactation

DISPENSE NIPPLE SHIELDS

NIPPLE SHIELDS



DX CODE:

- O91.02 - Nipple Infection
- O92.03 - Retracted nipple, Postpartum
- O92.20 - Nipple, sore
- O92.13 - Cracked nipple associated with lactation
- N64.59 - Inverted nipple
- L01.00 - Impetigo (staph), Nipple
- B37.89 - Candidiasis, Nipple or Breast

BRANCHES:

California:
P: (800) 270-6990
F: (800) 497-8856
NPI # 1942392527

Arizona:
P: (623) 248-1630
F: (623) 248-1701
NPI # 1366008161

Colorado:
P: (719) 413-5090
F: (719) 413-5089
NPI # 1174137731

Washington:
P: (253) 235-5840
F: (253) 344-1457
NPI # 1669040465

Hawaii:
P: (808) 691-9973
F: (888) 286-7412
NPI # 1205354321

A certificate of Medical Necessity is required if the breast pump was not processed through Tricare

Physician's Information:

Name: _____ Signature: _____

Phone: _____ NPI: _____

Clinic: _____