

BREAST PUMP

■ Prescription

Email to: info@militarymedical.us.com

Fax to: (800) 497-8856

ALL FIELDS REQUIRED

Date: _____ Expected Due Date: _____

Patient Name: _____ DOB: _____

Patient Address: _____

City: _____ State: _____ Zip: _____

Patient Cell: _____ Patient Email: _____











Patient Benefits Number (11 digits): _____

PERSONAL BREAST PUMP (E0603)







DISPENSE ONE ELECTRIC BREAST PUMP

DX CODE: Z33.1 - Pregnant state, incidental Z39.1 Lactating mother

COVERED AT 100%

<input type="checkbox"/> BabyBuddha	<input type="checkbox"/> Elvie Stride	<input type="checkbox"/> Medela Pump-In Style with MaxFlow	<input type="checkbox"/> Medela Pump in Style Hands Free	<input type="checkbox"/> Minuet Bundle
				
<input type="checkbox"/> Spectra S1	<input type="checkbox"/> Spectra S2	<input type="checkbox"/> Spectra 9 Plus	<input type="checkbox"/> Zomee Z2	<input type="checkbox"/> Zomee Fit
				

UPGRADE OPTIONS

<input type="checkbox"/> Elvie	<input type="checkbox"/> Opera	<input type="checkbox"/> Medela Freestyle Hands Free	<input type="checkbox"/> Medela Maxi Swing	<input type="checkbox"/> Spectra Synergy Gold	<input type="checkbox"/> Willow 3.0	<input type="checkbox"/> Willow Go
						

Physician's Information:

Name: _____ Signature: _____

Phone: _____ NPI: _____

Clinic: _____

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