

R_x

PHYSICIAN'S PRESCRIPTION

Date _____

Patients Name (Mom) _____ DOB (Mom) ____/____/____

Patients Shipping Address _____

Phone # _____ Cell # _____ Babies DOB or Due Date ____/____/____

Insurance information

Insurance ID# _____ Insurance Name _____

Diagnosis Codes - Please check the appropriate Code for the patient

- Z39.1 - Lactating Mother
- O29.29 - Disorders of breast associated with pregnancy and the puerperium
- O91.22 - Mastitis
- O92.019 - Retracted nipple
- O92.3 - Lactation Failure - Agalactia
- O92.20 - Sore nipple - Unspecified disorder of breast
- O91.03 - Infection of nipple associated with lactation
- O92.79 - Other disorders of lactation
- O92.5 - Suppressed lactation
- Other _____

- Medela
- Ameda
- Spectra
- Ardo
- Other _____



Description of item ordered

E0603 Double Electric Breast Pump

Physician Name _____ LIC# _____ NPI # _____

Office phone # _____

Doctor's signature _____ Doctor Stamp _____



Dear Customer:

You can FAX this prescription to **888-877-7765** or EMAIL to sales@amedsupplies.com Upon receiving the prescription we will contact you to go over the process to obtain the "Double electric breastpump," as well we will process the proper documentation on your behalf to obtain authorization. Please allow 24 to 48 hours (during normal business days) for your breastpump to be shipped, for all your concerns or questions regarding your New Breastpump, and how to obtain one, please call our customer service at **845-783-6678**

Sincerely yours
www.amedsupplies.com