



9106 Philadelphia Rd.
Rosedale, MD 21237

www.propharmacyrx.net
open Mon-Fri 9am-6pm
Saturday 9am-1pm

410.687.8113
fax 410.391.3922

PRESCRIPTION FORM – ELECTRIC BREAST PUMPS

PATIENT INFORMATION

Patient Name: _____
Birth Date: _____
Street Address: _____
City/State/Zip: _____
Phone Number: _____
Due Date: _____

ITEMS PRESCRIBED

E0603 Standard Electric Breast pump (Purchase)

BREAST PUMPS AVAILABLE:

- Ameda Finesse
- Lansinoh Smartpump 2.0
- Medela Pump In Style Advanced
- Medela Pump In Style Advanced Back Pack*
- Medela Pump In Style Advanced On the Go Tote*
- Medela Pump In Style with Max Flow Tote*
- Spectra S2 Plus
- Spectra S2 Plus Kit*
- Spectra S1 Plus
- Spectra S1 Plus with Tote and Rechargeable Battery*

*This pump is an Insurance Upgrade Option, which includes convenience items and or features not covered 100% by insurance. Insurance reimburses only for items medically necessary to pump, so additional charges will apply which will be the patient's responsibility.

DIAGNOSIS CODE (Check all that apply)

- | | | | | | |
|-------------------------------------|--------|--|--------------------------|--------|----------------------------------|
| <input checked="" type="checkbox"/> | Z39.1 | Breast Feeding Mother | <input type="checkbox"/> | R62.51 | Failure to Thrive |
| <input type="checkbox"/> | P92.2 | Slow Feeding of Newborn | <input type="checkbox"/> | O92.29 | Disorder of the Breast-Pregnancy |
| <input type="checkbox"/> | O92.5 | Suppressed Lactation | <input type="checkbox"/> | P59.8 | Neonatal Jaundice |
| <input type="checkbox"/> | O92.79 | Other Disorders of Lactation | <input type="checkbox"/> | | Other |
| <input type="checkbox"/> | P92.9 | Feeding Problem of Newborn, unspecified | | | |

PRESCRIBER INFORMATION

Provider Name: _____
Street Address: _____
City/State/Zip: _____
Phone Number: _____
NPI: _____

Provider Signature: _____ Date: _____

Please bring this Completed form to Professional Pharmacy or fax to 410-391-3922.