

Breast Pump Prescription Form

Patient information

Name of Mother: _____ Phone: (____) _____
 Street: _____ Baby Date of Birth: _____
 City/State/ZIP: _____ Mother's Date of Birth _____
 Email Address _____
 Primary Insurance: _____ Secondary Insurance: _____
 Member ID #: _____ Member ID #: _____
 Group #: _____ Group #: _____
 PO Box #: _____ PO Box #: _____

Doctor information

Name (First and Last) _____ Phone: (____) _____
 Street: _____ Fax: (____) _____
 City/State/ZIP: _____ NPI#: _____

Product Information

Ameda Purely Yours Breast Pump (17070PMW) (insurance)

- Personal-use Purely Yours Breast Pump
- (1) Dual HygieniKit Milk Collection System: (2) 25.0mm breast flanges, (2) diaphragms, (2) 4oz. bottles with universal thread, and lock tight lids, (4) valves, (2) tubing, (2) adapter cap, (1) tubing adapter for single or dual pumping, plastic storage bag.
- Can be powered by AC Adapter (included), 6AA batteries, or car adapter. Batteries and car adapter not included.
- Instructions

UP GRADE TO:

Ameda Purely Yours Breast Pump Kit (17084) (insurance + \$40)

- All that is included in the Ameda Purely Yours Breast Pump (17070PMW)
- PLUS:
- (1) Microfiber Carry All Tote shoulder bag
- (1) Cool 'N Carry Milk Storage Tote with 3 cooling elements
- (4) 4oz. milk collection bottles with lock-tight sealing lids



Carry all tote (\$15)

Hospital Grade Electric Breast Pump to rent

Dr. Signature for Rx: _____ Date: _____

Date Needed: _____

Length of Need (Hospital Grade Electric Pumps only) Number of months _____ Indefinite/as long as breastfeeding

Diagnosis Code (please check all that apply): 779.31 Baby in NICU with expected stay greater than 72 hrs 676.54 Difficult latch/suppressed latch
 675.24 Mastitis 676.54 Inadequate milk production 783.41 Poor infant weight gain 774.31 Jaundice 676.84 Poor latch
 676.24 Engorgement 676.04 Retracted Nipples 676.14 Cracked Nipples 676.84 Failure to establish effective breastfeeding pair
 V24.1 Lactating Mother Other: _____

Call in or fax this form to Northern Pharmacy

Fax: 410-254-5134 Phone: 1-800-486-0714, Press 3 for Medical Supplies and Follow prompts.
For more information please feel free to email breastpumps@northernpharmacy.com