

# BREAST PUMP ORDER FORM / WRITTEN ORDER PRESCRIPTION

Patient First Name: \_\_\_\_\_

Patient Last Name: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Patient Email: \_\_\_\_\_

Patient Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Patient Address (City, State, Zip): \_\_\_\_\_

Baby Due Date (MM/DD/YYYY): \_\_\_\_\_

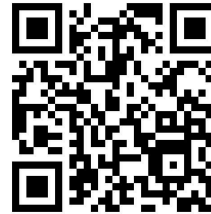
Insurance Carrier: \_\_\_\_\_

Insurance ID #: \_\_\_\_\_

Insurance Group #: \_\_\_\_\_

## Pump Options (check one):

- ☐ Spectra S2 Plus Electric Breast Pump
- ☐ Zomee Z2
- ☐ Lansinoh SmartPump™ Double Electric
- ☐ Ameda Mya Joy Electric
- ☐ Medela Pump in Style with MaxFlow® Electric
- ☐ Ameda Glo Wearable



☐ \*Upgrade: \_\_\_\_\_ (see website [breastpumps123.com](http://breastpumps123.com) or use QR code to choose your pump)

*\*Fee will be associated with all upgrades. Breastpumps123 will call you to collect a fee before your breast pump delivery.*

Patient Signature

Date

Items Prescribed (Product & HCPCS Code): \_\_\_\_\_

ICD-10 Diagnosis Code: \_\_\_\_\_

Provider or Midwife Name: \_\_\_\_\_

Provider Signature : \_\_\_\_\_

Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

NPI #: \_\_\_\_\_

*\*Reminder: Medicaid only covers 1 pump every 3 years.*

*Insurance only covers 1 pump per pregnancy*

*BreastPumps123 has many options for cash paying customers. Please call 208-724-4262*

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## ORDERING INSTRUCTIONS

1. Complete all of the ORDER FORM, pick your pump, sign and have your physician sign at the beginning of your third trimester.
2. Take a picture of the FORM and send it via:
  - **Email:** [orders@breastpumps123.com](mailto:orders@breastpumps123.com)
  - **Fax:** (208) 639-1155
  - **Load:** on [Breastpumps123.com](http://Breastpumps123.com)
3. Pump will be shipped to your front door in 1–5 days. Local delivery available upon request. **Shipping is free.**