

## Patient information

Name of Mother: _____	Phone: (    ) _____
Street: _____	Baby Date of Birth: _____
City/State/ZIP: _____	Mother's Date of Birth _____
Email Address _____	Secondary Insurance: _____
Primary 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

- |   |  |
|---|--|
| <input type="checkbox"/> <b><u>Ameda Purely Yours Breast Pump (17070PMW) (insurance)</u></b><br><small>Personal-use Purely Yours Breast Pump<br/>       (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.<br/>       Can be powered by AC Adapter (included), 6AA batteries, or car adapter. Batteries and car adapter not included.</small> | <input type="checkbox"/> <b><u>UPGRADE TO:</u></b><br><b><u>Ameda Purely Yours Breast Pump Kit (17084) (insurance + \$40)</u></b><br><small>All that is included in the Ameda Purely Yours Breast Pump (17070PMW)<br/>       PLUS:<br/>       (1) Microfiber Carry All Tote shoulder bag<br/>       (1) Cool 'N Carry Milk Storage Tote with 3 cooling elements<br/>       (4) 4oz. milk collection bottles with lock-tight sealing lids</small> |
| <input type="checkbox"/> <b><u>Ameda Carry all tote (\$15)</u></b>  | <input type="checkbox"/> <b><u>Hospital Grade Electric Breast Pump to rent</u></b><br><small>(in most cases insurance only approves for NICU baby)</small>   |
| <input type="checkbox"/> <b><u>Medela Pump In Style Starter Set (57081) (insurance)</u></b><br><small>Portable carrying bag with motor<br/>       2X 24mm flanges<br/>       2X milk collection containers and lids<br/>       A/C Adaptor<br/>       Tubing</small>  | <input type="checkbox"/> <b><u>UPGRADE TO:</u></b><br><b><u>Medela Pump In Style Advanced On the go Tote (57063) (insurance +\$75)</u></b><br><small>All that is included with the Medela Pump 57081<br/>       PLUS: Tote Bag, battery pack, insulated cooler bag and ice pack, 2 extra bottles and lids</small>  |
| <input type="checkbox"/> <b><u>Refill for pump parts (as needed every 3 months)</u></b>   |  |

**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 Independent Drug Pharmacy

**Fax: 410-687-0032 Phone: 410-687-1115 For more information please feel free to email [haletorpedme@gmail.com](mailto:haletorpedme@gmail.com)**  
**Better Care Starts Here!**

Stop in and visit out Mommy and Me Department today!