



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 _____

Description of item ordered

- Double Electric Breast Pump (purchase pump) – E0603
- Breast Pump Accessories

Will include the following items:

- A4649 – Breast Milk Storage Bags
- A4282 – Breast Pump Adapter
- A4284 – Breast Shields
- A4286 – Breast Pump Locking rings
- A4281 – Breast Pump Tubing
- A4283 – Breast Pump Bottle Cap
- A4285 – Breast Pump Bottles

- 6 Month Refill - for monthly breastfeeding supplies

Select your preferred brand

- Medela
- Ameda
- Spectra
- Lansinoh
- Other _____



Diagnosis Codes - Please check the appropriate code for the patient

- Z39.1 - Lactating Mother
- O29.29 - Disorders of breast associated with pregnancy and the puerperia
- Other _____

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 Breast Pump," 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 Breast Pump, and how to obtain one, please call our customer service at **845-783-6678**

Sincerely yours
www.amedsupplies.com