PHYSICIAN'S ORDER
BREAST PUMP & SUPPLIES

Effective Date:_____/_____/_____

TOTAL BREASTPUMPS

(P) 877-670-1120 (F) 877-670-1121
fax@tmscares.com

PATIENT INFORMATION

Patient Name:_____

Patient DOB:_____ **Phone:**_____

Email:_____

Address:_____

City:_____ **State:**_____ **Zip:**_____

PHYSICIAN INFORMATION

Physician Name:_____ **NPI:**_____

Practice/Office Name:_____

Phone:_____ **Fax:**_____

Address:_____

City:_____ **State:**_____ **Zip:**_____

INSURANCE INFORMATION

Primary Insurance:_____ **Policy Number:**_____

Secondary Insurance:_____ **Policy Number:**_____

SUPPLIES ORDERED

☑ **E0603 - Electric Breast Pump & Accessories**

☑ **A4281 - Tubing for Breast Pump, Replacement**

☑ **A4282 - Adapter for Breast Pump, Replacement**

☑ **A4283 - Cap for Breast Pump, Replacement**

☑ **A4284 - Cap for Breast Pump Bottle, Replacement**

☑ **A4285 - Breast Pump Bottle, Replacement**

☑ **A4286 - Locking Ring for Breast Pump, Replacement**

☑ **K1005 - Disposable Collection & Storage Bag for Breast Milk**

☑ **A9901 - Delivery/Set Up/Dispensing**

Diagnosis: ☑ **Z39.1** ☐ _____ **Length of Need:** 99(purchase) **Due Date/Baby DOB:**_____

Physician please note: No product herein will be supplies without consent of patient

BY SIGNING BELOW, I AM STATING THAT I am or was this patient's treating physician during the order period. **I will maintain an original signed copy of this order in my medical records and make it available along with all medical documentation if needed**.

Physician Signature:_____ **Date:**_____ **NPI:**_____

PLEASE COMPLETE AND FAX BACK TO: 877-670-1121

TOTAL MEDICAL SUPPLY