

Moms Get More

Prescription for Breast Pump & Supplies



(Tote and pump style may vary)

Please **fax** completed form to
(888) 901-8878

or **email** the form to
becky@momsgetmore.com

PATIENT INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: **CA** ZIP: _____

Phone Number: _____ Email: _____

Mother's Date of Birth: _____ Baby's Due Date or DOB: _____

PATIENT INSURANCE INFORMATION

Insurance Plan Name: _____

Member ID: _____ Policy Group ID: _____

ITEMS ORDERED

- E0603 Double Electric Breast Pump
- A4281 Tubing for Breast Pump
- A4282 Adapter for Breast Pump
- A4283 Cap for Breast Pump Bottle
- A4284 Breast Shield and Splash Protector for Use with Breast Pump
- A4285 Bottle for Use with Breast Pump
- A4286 Locking Ring for Breast Pump

MEDICAL NECESSITY: Research shows breast-fed infants have a lower risk of diarrhea and otitis media than bottle-fed infants during the first year of life. For premature infants, breast milk helps prevent infections, speeds recovery from respiratory distress syndrome, increases weight gain, protects against retinopathy, and facilitates cognitive and visual development.

PHYSICIAN OFFICE USE ONLY

Physician/Nurse Practitioner/Physician Assistant Name: Bryan S. Jick, MD, FACOG

NPI: 1720051436 Phone: (626) 304-2626

Diagnosis: Z39.1 Breastfeeding/Lactating Mother Mother Returning to Work/School

Other: _____

Physician Attention: I certify that I am the physician identified on this form. I have reviewed the Written Confirmation of Order contained herein.

Bryan S. Jick

Physician / NP / PA Signature

Date