



Breast Pump Standard Written Order

Fax: 907-561-9221

Phone: 907-561-9220

Orders@MyTritonSupply.com

Patient Name: _____ Phone #: _____

Address: _____

Ins ID#: _____ Patient DOB: _____ Sex: ☐ Male ☐ Female

BREAST PUMP:

Length of Need: _____

Diagnosis and Code:

- ☐ Normal Breastfeeding Mother (X39.1)
- ☐ Insufficient milk supply (O92.5)
- ☐ Breast infection (O91.23)
- ☐ Blocked milk duct/Mastitis, interstitial (O91.22)
- ☐ Nipple infection (O91.02)
- ☐ Abscess, breast/Mastitis, infective (O91.12)

Date of Last Visit: _____

- ☐ Physical separation of Mother and Baby (O92.70)
- ☐ Lactation deficiency (O92.3)
- ☐ Breast engorgement, ductal (O92.29)
- ☐ Nipple cracks or fissures (O92.13)
- ☐ Nipple retraction/inversion (O92.03)
- ☐ Other: _____

Standard Equipment

Breast Pump, Double Electric ac and/or dc (E0603)

GESTATION WEEKS:

- | | | | |
|--|--|--|--|
| ☐ 27 weeks (Z3A.27) | ☐ 28 weeks (Z3A.28) | ☐ 29 weeks (Z3A.29) | ☐ 30 weeks (Z3A.30) |
| ☐ 31 weeks (Z3A.31) | ☐ 32 weeks (Z3A.32) | ☐ 33 weeks (Z3A.33) | ☐ 34 weeks (Z3A.34) |
| ☐ 35 weeks (Z3A.35) | ☐ 36 weeks (Z3A.36) | ☐ 37 weeks (Z3A.37) | ☐ 38 weeks (Z3A.38) |
| ☐ 39 weeks (Z3A.39) | ☐ 40 weeks (Z3A.40) | ☐ 41 weeks (Z3A.41) | ☐ 42 weeks (Z3A.42) |

Mother date of discharge from the hospital: _____

Is the infant in an 'In-Patient' status or currently admitted in the hospital? ☐ Yes ☐ No

Infant date of discharge from hospital: _____

Provider Certification:

I, the patient's treating provider, certify the medical necessity of these items for this patient and maintain medical records reflecting the medical justification and care provided.

Provider's Signature: _____ Date: _____ NPI: _____

Providers Name: _____ Telephone: _____