



1 Natural Way
4064 Technology Dr.
Maumee, Ohio 43537

Phone: (419) 513-8304
Fax: (877) 722-5010 or (866) 848-0114
Email: rx@1naturalway.com

Written Order for Breast Pump

A double electric breast pump was requested by the patient below. If you agree with this order, please sign and date this form and fax it back to us. 1 Natural Way will provide your patient with a high-quality electric breast pump as chosen by the patient.

Please confirm that the following information is accurate. (Make any corrections that are needed.)

PRESCRIBER: _____

PHONE: _____

PATIENT'S NAME: _____

PATIENT'S DOB: _____

PATIENT'S PHONE: _____

DUE DATE: _____

GESTATIONAL WEEKS: _____

DIAGNOSIS: **Z39.1**

EQUIPMENT: **E0603 – Double Electric Breast Pump**

Also, all applicable supplies:

A4281, A4283, A4284, A4285, A4286, A4287, and A9900 XG

LENGTH of NEED: **12 Months**

DATE PRESCRIBED: _____

Sign and date the bottom line.

By my signature below, I confirm that I am treating the patient and that the above-named patient requires the use of the items that are listed above. All the information contained on this form accurately reflects the patient's needs. The patient/caregiver can follow instructions and can use the ordered product. For insurance requirements, I will maintain the signed original document in the patient's medical record file for post-payment review purposes.

*** Provider Signature:** _____ **Date:** _____

NPI: _____

* Please note this must be signed by a prescriber with a valid NPI number.

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