



Lehan Breast Pumps
1407 South Fourth Street
DeKalb, Illinois 60115
Phone: 815.758.0911
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www.lehanbreastpumps.com

Breast Pump Prescription Form

Patient Information

Patient Name: _____

Patient DOB: _____

Patient Insurance ID#: _____

Patient Phone #: _____

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### Prescription Information

Prescriber's Name (Please Print): \_\_\_\_\_

Prescriber's NPI #: \_\_\_\_\_

#### Equipment:

Double Electric Breast Pump and Replacement Supplies

Hospital Grade Breast Pump and Replacement Supplies

**Length of Need:** 12 months

#### Diagnosis (Check Applicable):

|                          |                                                |
|--------------------------|------------------------------------------------|
| <input type="checkbox"/> | Z39.1 – Care of lactating mother               |
| <input type="checkbox"/> | O92.79 – Postpartum engorgement/Milk retention |
| <input type="checkbox"/> | Other, please specify:                         |

Doctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*No stamped or co-signatures accepted\*\*\*

**FAX FORM TO: (866) 509-3169**