

Fax to: (623) 248-1701
1050 N. Fairway Dr., Suite B-106 | Avondale, AZ 85323



**BlueCross
BlueShield
Arizona**

Date: _____ BCBS Member ID: _____
Patient Name: _____ DOB: _____
Patient Address: _____
City: _____ State: _____ Zip: _____
Patient Cell: _____ Patient Email: _____

E0603 Personal Breast Pump
Dispense Once Electric Breast Pump & Supplies

☐ **Lansinoh Signature
Pro Double Electric
Breast Pump**



Key Features

- Portable and lightweight
- 3 pumping styles match baby's feeding patterns for efficient
- 8 suction levels adjust for comfort
- Unique, soft and flexible ComfortFit flanges for ideal suction and comfortable pumping
- Two-phase Technology: stimulation mode initiates milk flow and expression mode maximizes milk flow
- LCD Screen: back-lit display is easy to read and convenient for low light conditions such as the bedroom
- Can be powered by the AC adapter (included) or 6AA batteries (not included)
- Can be used to pump directly into Lansinoh Milk Storage Bags
- Hygienic closed system helps prevent milk backup into tubing for easier cleanup
- Can be used as a single or double breast pump
- Dishwasher safe and easy to clean
- BPA and BPS free

*Upgrades available,
see store for details.*



DX Code ☐ Z33.1 - Pregnant state, incidental ☐ Z39.1 Lactating mother

☐ **L0621 Maternity Belt**



CHECK ONE Basic Belly Boostier
SIZE BAND MEASUREMENT

- | | |
|---------------------------------|-----------|
| <input type="checkbox"/> Petite | 24" - 30" |
| <input type="checkbox"/> Small | 30" - 36" |
| <input type="checkbox"/> Medium | 36" - 42" |
| <input type="checkbox"/> Large | 42" - 50" |

☐ **L0622 Cradle Brace**



SIZE	CHECK ONE PRE PREGNANCY PANT SIZE	WEIGHT NOW
<input type="checkbox"/> Small	3 - 10	90 - 165
<input type="checkbox"/> Medium	8 - 16	150 - 220
<input type="checkbox"/> Large	14 - 20	180 - 250

A6530 - A6539 Compression Hose



- | | | |
|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Knee High | <input type="checkbox"/> Thigh High | <input type="checkbox"/> Pantyhose |
| <input type="checkbox"/> Small | <input type="checkbox"/> Medium | <input type="checkbox"/> Large |
| <input type="checkbox"/> X-Large | <input type="checkbox"/> Black | <input type="checkbox"/> White |
| <input type="checkbox"/> Sheer | Open Toe | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> 15-20 | <input type="checkbox"/> 20-30 | <input type="checkbox"/> 30-40 |
| <input type="checkbox"/> 50+ | | |

DX Code: I87.2

Physician Name: _____ Physician Signature: _____
Physician Phone: _____ NPI: _____