WOMEN'S HEALTH BOUTIQUE®
DALLAS ~ LONGVIEW ~ OAK CLIFF ~ PLANO

Physician Certification of Medical Necessity and Prescription for Products

BREAST PUMP - Double Electric

- ☐ Z39.1 Postpartum Care and Examination
- ☐ O92.5 Maintain Milk Supply/Prevent Suppressed Lactation
- ☐ O97.70 Unspecified Disorders of Lactation

COMPRESSION

- ☐ O22.01 1st Trimester
- ☐ O22.02 2nd Trimester
- ☐ O22.03 3rd Trimester

MATERNITY SUPPORT

- ☐ O33.0 Maternal care for disproportion due to deformity of maternal pelvic bone

- ❍ **Double Electric Breast pump E0603**
- ❍ **Compression Knee High**
  ❍**15/20** ❍**20/30** ❍**30/40**
- ❍ **Compression Thigh High**
  ❍**15/20** ❍**20/30** ❍**30/40**
- ❍ **Maternity panty hose**
  ❍**15/20** ❍**20/30** ❍**30/40**
- ❍ **Maternity Back Support A4467**
- ❍ **Other _____**

_____

Medical Necessity_____

I hereby certify under penalty of perjury that the equipment prescribed herein is medically indicated and is reasonable and necessary with reference to the accepted standards of medical practice and treatment of this patient's condition.

Physician/Licensed Prescriber Printed Name: _____

Signature: _____NPI: _____ Date:_____

Customer Information:

Customer Name_____ Expected Due Date: _____

Date of Birth:_____ Phone: _____ Email: _____

Shipping Address for Breast Pump:

_____

_____

_____

Insurance: _____

ID# _____Group#_____

_____

Please return completed RX by email to info@whblongview.com, by fax to 903-236-9786, or by mail to Women's Health Boutique, 605 N. Sixth St., Longview, TX 75601-6606. For questions, call 903-758-9904 or 800-525-2420.

Revised 5/30/2018