



Date: _____

Patient Information

Patient's Name: _____

Address: _____

Date of Birth: _____

Phone: _____

☐ Patient is currently pregnant☐ Patient is postpartum

EDD / Baby's DOB _____

Physician's Information

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 below. 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.

Physician's Name: _____

Dr. License #: _____

NPI #: _____

Practice Phone Number: _____

Office Stamp: _____

Doctor's Signature: _____

Compression Stockings

Medical Necessity: The patient has symptomatic varicose veins causing leg pain and swelling that interfere with daily activities, requiring medically necessary compression stockings for relief and to prevent complications.

- ☐ Class I 18-30 mmhg ☐ Thigh High
☐ Class II 30-40 mmhg ☐ Pantyhose
☐ Knee High

Diagnosis Codes - Please check off the appropriate code

- ☐ O22.00 - Varicose veins / Pregnancy
☐ I83.93 - Asymptomatic varicose of bilateral lower extremities

Other Diagnoses: _____

Quantity:

Refills:

Blood Pressure Monitor

Patient is under my care and is in need of an at home blood pressure monitor to aid in managing pre-eclampsia or high blood pressure.

- ☐ O16.9 - Unspecified maternal hypertension unspc trimester
☐ O14.90 - Unspecified pre-eclampsia

Breast Pumps

Patient is currently breastfeeding / intends to breastfeed after delivery / mom infant separation due to: Nicu/Work/School

- ☐ {
E0603 - Breast Pump
E0602 - hand Pump
A4287 - Breast Milk Bags (200CT)
Bags - Up to 12 Months Supply - As Needed

Diagnosis Code: Z39.1

Postpartum Support Garment

Patient is postpartum / or in need of a support garment to aid in recovery post-delivery or c-section

- ☐ M40.57 - Lordosis, unspecified, lumbosacral region
☐ R10.20 - Pelvic joint pain

Other Diagnoses: _____

Quantity:

Lumbar / Sacral / Pelvic Support Maternity Support Belt

Patient is in need of rigid support garment to reduce pain by restricting mobility of trunk or adding support to pelvic floor.

- ☐ Rigid / Flexible, Anterior/Posterior Support garment, L1-L5 Vertebra, Sagittal Control, Abdomen Control, Reduce Load

Diagnosis Codes- Please check off the appropriate code

- ☐ M.40.57 Lordosis, unspecified, lumbosacral region
☐ M54.4 Lower back pain

Other Diagnoses: _____

Quantity:

Carpal Tunnel Brace

The patient is experiencing persistent pain, sensory loss, and paresthesia in the median nerve distribution secondary to carpal tunnel syndrome, and a wrist brace is medically necessary to immobilize the wrist in a neutral position, thereby alleviating pressure on the median nerve and reducing symptoms.

Diagnosis Code: G56.00

- ☐ LT ☐ RT

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