



ORDER FORM

Breast Pump & Maternity Compression

Phone: 828-454-1004 • Fax: 828-454-1003 • crystal@pinkregalia.com



Patient Name: _____

Patient DOB: _____ Due Date/ Baby DOB: _____ Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Insurance: _____ Phone: _____

Policy Number: _____ Group Number: _____

Prescriber Name: _____ NPI Number: _____

Practice/Office Name: _____

Phone: _____ Fax: _____

E0603 Electric Breast Pump and Accessories (A4281, A4282, A4283, A4284, A4285, A4286, A9901, AAA0022)

Diagnosis [Z39.1] Length of Need: 99 (purchase)

☐ Motif Aura ☐ Motif Luna ☐ Motif Luna w/ Battery ☐ Motif Duo ☐ Motif Twist

Milk Storage Bags (K1005) Quantity: _____

Pregnancy Support Band (3-9 months) (L0621) Length of Need: 99 (purchase)

Other Lower Back Pain [M54.59]

Sciatic Pain [M54.30]

Posture: M54.89

SIZE	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL
PRE-PREG. PANT	00-0	2-4	6-12	14-18	20-26
WAIST	24-32"	33-40"	41-48"	49-52"	53-62"

Gradient Compression Socks (3-9 months) (A6530) Length of Need: 99 (purchase)

Varicose Veins: 1st Trimester [O22.01]

Varicose Veins: 2nd Trimester [O22.02]

Varicose Veins: 3rd Trimester [O22.03]

Other: _____

SIZE	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL
ANKLE	6.5-8.5"	8-10"	9-11.5"	11-15"
CALF	11-16.5"	12-17.5"	13-19"	17-23"

Postpartum Recovery Garment (1 week - 4 months)

C-Section Wound [O90.0]

Post-Op Pain [O99.89]

Episiotomy/Perineal Tear [O90.1]

Pubic Symphysis [O26.72]

Pelvic Girdle Pain [O99.89]

Rectus Diastasis [M62.0]

Pelvic Joint Pain [R10.2]

Round Ligament Pain [O26.899]

Perineum Pain [R10.2]

Vulvar Varicosity [O22.1]

Length of Need: 99 (purchase)

SIZE	PRE-PREG PANT	WAIST	HIPS
<input type="radio"/> XS	00-2	24-26"	34-36"
<input type="radio"/> S	4-6	27-29"	37-39"
<input type="radio"/> M	8-10	30-32"	40-42"
<input type="radio"/> L	12-14	33-36"	43-45"
<input type="radio"/> XL	16-18	37-39"	46-49"
<input type="radio"/> 2X	20-22	40-44"	50-54"

C-Section Bandage

☐ Stage 1 (A6212)

☐ Stage 2 (A6245)

C-Section Wound [O90.0] Length of Need: 99 (purchase)

RX NOTES:

Physician Signature: _____ Date: _____

DME supplier is responsible for verifying HCPCS coding and patient eligibility prior to providing the above requested equipment.