



BREAST PUMP & MATERNITY SUPPLIES ORDER FORM

PHONE: 718-436-6088 • FAX: 718-436-3649 • EMAIL: DMEORDERS@MEDARTS.NET

ADDRESS: 5504 13TH AVE BROOKLYN, NY 11219

PATIENT INFORMATION

Patient Name: _____ Date: _____

Mom DOB: _____ Due Date/ Baby DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

INSURANCE INFORMATION

Insurance ID: _____

Insurance Name: _____

Group Number: _____

Medicaid ID: _____

Breast Pump

☐ Double Electric Breast Pump (E0603) **Length of Time: 99 (purchase)**

☐ Manual Breast Pump (E0602)

☐ Breast milk bags(200 CT/Month) (A4287) **Refills (max 5):** _____

Please check off the appropriate diagnosis code(s) below:

☐ Z39.1 - Lactating mother

☐ Other Diagnosis Code(s): _____

Blood Pressure Monitor Automatic - A4670

Patient requires monitoring and recording of blood pressure readings in the home and is compliant with their comprehensive treatment plan.

Please check off the appropriate diagnosis code(s) below:

☐ O16.9 - Unspecified maternal hypertension unspc trimester

☐ O14.90 - Unspecified pre-eclampsia

☐ O09.90 - Supervision of high risk pregnancy

☐ I10 - Hypertension Unspecified

☐ Other Diagnoses Code(s): _____

Length of Time:
99 (purchase)

Maternity Support Belt - L0621

Please check off the appropriate diagnosis code(s) below:

☐ Other Lower Back Pain (M54.59)

☐ Sciatic Pain (M54.30)

☐ Posture (M54.89)

Size:

☐ X-Small ☐ Small ☐ Medium ☐ Large ☐ XL

Quantity: 1 **Length of Time:** 99 months (purchase)

Gradient Compression Stockings

KNEE HIGH

☐ 18-30 mmHg (A6530)

☐ 30-40 mmHg (A6552)

☐ 40 or greater mmHg (A6554)

THIGH HIGH

☐ 18-30 mmHg (A6533)

☐ 30-40 mmHg (A6534)

☐ 40-50 mmHg (A6535)

FULL LENGTH/CHAP

☐ 18-30 mmHg (A6536)

☐ 30-40 mmHg (A6537)

☐ 40-50 mmHg (A6538)

WAIST HIGH (PANTYHOSE)

☐ 18-30 mmHg (A6539)

☐ 30-40 mmHg (A6540)

☐ 40-50 mmHg (A6541)

Please check off the appropriate diagnosis code(s) below:

☐ O22.00 - Varicose veins Pregnancy

☐ I83.93 - Asymptomatic varicose of bilateral lower ex.

☐ Other Diagnosis Code(s): _____

Quantity: _____ (max 2 pairs every 6 months) **Length of Time:** 99 (purchase)

Color/Size:

☐ Beige ☐ Black ☐ White

☐ Small ☐ Medium ☐ Large ☐ XL

C-Section Dressing System

☐ C- Section Bandage ☐ Stage 1(A6212) ☐ Stage 2 (A6245)

Please check off the appropriate diagnosis code(s) below:

☐ C-Section Wound (O90.0)

☐ Other Diagnosis Code(s): _____

Quantity/month: _____ (max 30)

Refills: _____ (max 5)

Length of Time: 99 months (purchase)

CERTIFICATE OF MEDICAL NECESSITY

I certify that the items ordered above are medically necessary for my patient:

Physician Name: _____ License #: _____ NPI #: _____

Address: _____ Phone #: _____ Fax #: _____

Physician Signature: _____ Date: _____

FAX FORM TO 718-436-3649 OR SEND ELECTRONIC PRESCRIPTION DIRECTLY FROM YOUR EMR SYSTEM OR FROM PARACHUTE HEALTH

SIZING CHART

PREGNANCY BELLY SUPPORT BAND



SIZE	PRE-PREGNANCY PANTS SIZE	UNDER BELLY MEASUREMENT (INCHES)
XS	0-2	25-32
S	2-4	33-40
M	6-12	41-48
L	14-18	49-52
XL	20-26	53-62

✓ Soft, breathable fabric. Made with 65% nylon and 35% polyester .

✓ Machine Washable



POSTPARTUM RECOVERY SUPPORT GARMENT



SIZE	WAIST (in)	HIPS (in)	US PANT SIZE
S	27-29	37-39	2-4
M	30-32	40-42	6-8
L	33-35	43-45	10-12
XL	36-39	47-49	14-16
2XL	40-43	50-53	18-20

✓ Reduces swelling and postpartum bleeding

✓ Stabilizes the core to improve posture

✓ Seamless and comfortable under clothing



COMPRESSION SOCKS



SOCK SIZE	SMALL	MEDIUM	LARGE	X-LARGE
CALF CIRCUMFERENCE	11"-14"	13.5"-16"	15.5"-18.5"	18"-20"+
MEN'S SHOE SIZE (U.S.)	6-8.5	8-10.5	10-13	12-14+
WOMEN'S SHOE SIZE (U.S.)	7-10	9.5-12	11-14	13+

COLORS AVAILABLE:

- BLACK
- TAN AND WHITE STRIPES
- WHITE AND BLACK STRIPES

✓ Helps prevent swelling, discomfort, and varicose veins

✓ Ultra-stretchy yarn makes socks easy to put on

✓ Soft, non-restrictive comfort band

