CNS Respiratory
3685 West 6200 South Taylorsville, Utah, 84129 Phone: (801) 973-0900 Fax: (801) 708-7866

HME Prescription Referral Form

Date:	Ordering Contact:	Phone #:	Fax #:

PATIENT DEMOGRAPHICS

Patient Name:	DOB:	Primary Phone #:	
Address:	Apt. #:	City/State/Zip:	
Alternate Contact/Relationship:		Alt. Phone #:	
Primary Insurance Plan:	Ins. ID#:		Group #:
Secondary Insurance Plan:	Ins. ID#:		Group #:
Subscriber Name:	Relationship:		Subs. DOB:
Primary Care Physician (if diff.):		Phone #:	Fax#:

PRESCRIPTION ORDERS

☒ **Electric Breast Pump** Diagnosis: ☐ O92.70 ☐ Z39.1 or ______________

☐ Baby's Date of Birth ________________ or ☐ Gestational Age________________

Included Components:

(2) 24 mm PersonalFit™ PLUS Breast Shields

(2) Breast shield connectors with membranes

(1) Pump In Style® Breast Pump

(2) 5 oz/150 mL bottles with lids

(1) Power adaptor
Dual-voltage, input: 110-240v

(1) Battery pack
(8 AAs not included)

(1) Complete tubing

Benefits

- Hospital performance
- Removes 11.8% more milk per minute
- Closed system at the kit prevents breast milk from entering the tubing
- Intuitive controls for ease of use
- Few parts - easy to clean and assemble
- 2-Phase Expression Technology mimics baby's natural sucking rhythm
- PersonalFit™ PLUS breast shields with comfortable soft rim and oval shape for a better fit

Comments:

[UNABLE TO FILL PATIENT'S PRESCRIPTION WITHOUT PHYSICIAN'S SIGNATURE AND DATE]

Physician Printed Name:	NPI#:
→ Physician Signature: X	→ Date:

Please sign & fax to (801) 708-7866

THANK YOU FOR CHOOSING CNS RESPIRATORY SERVICES