



1 Natural Way
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Maumee, Ohio 43537

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Fax: (877) 722-5010 or (866) 848-0114
Email: rx@1naturalway.com

Written Order for Breast Pump Replacement Supplies

Breast Pump Replacement Parts were requested by the patient below. If you agree with this order, please sign and date this form and fax it back to us. 1 Natural Way will provide your patient with high-quality electric breast pump supplies as chosen by the patient.

Please confirm that the following information is accurate. (Make any corrections that are needed.)

PRESCRIBER: _____

PHONE: _____

PATIENT'S NAME: _____

PATIENT'S DOB: _____

DUE DATE: _____

GESTATIONAL WEEKS: _____

PATIENT DIAGNOSIS: Z39.1

EQUIPMENT: Replacement Breast Pump Supplies:

A4281, A4283, A4284, A4285, A4286, A4287, and A9900 XG

LENGTH of NEED: 12 Months

DATE PRESCRIBED: _____

Sign and date the bottom line.

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 above. 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.

*** Provider Signature:** _____ **Date:** _____

NPI: _____

* Please note this must be signed by a prescriber with a valid NPI number.

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