



Postpartum Recovery Garment Rx / Delivery Request

Clinic: _____

Supplier Address
19015 S Jodi Road, Ste A, Mokena, IL 60448

Supplier Phone
708-633-1560

Supplier NPI
1053364695

Supplier Tax ID
201668371

Rep: _____

Date: _____

Patient information (Mother only)

First name: _____ MI: _____ Last name: _____

Address: _____ Unit/Apt: _____ City, state, zip: _____

Mother's DOB: ____/____/____ Due date / Baby's DOB: ____/____/____

*Email Address: _____ *Mobile phone: (____) _____

All orders will be confirmed with the patient prior to delivery

Marque aquí si desea una llamada en español

*By providing your email/mobile number, you agree to receive email/text messages from Neb Medical Services. Neb Medical will text you only if additional information is needed to process your breast pump order. Text messages will stop upon completion of your order, or if you text **STOP** to opt out at any time. You may also text **HELP** for assistance. Message and data rates may apply.

Insurance information (please attach a copy of insurance card)

Commercial HMO's require pre-authorization

Primary: _____ ID: _____ Group: _____ Referral #: _____

HMO's require referral/pre-auth

Secondary: _____ ID: _____ Group: _____

Clinic information

Please print prescribing physician's name and NPI

Provider first name: _____ **Last:** _____ **NPI:** _____

Clinic name: _____ Phone: _____

Address: _____ Suite: _____

City, state, zip: _____

Certificate of Medical Necessity

All fields to be completed by Provider

<u>Equipment prescribed</u>	<u>QTY</u>	<u>Frequency of use</u>	<u>Length of need</u>	<u>Brand / Model number:</u>
Postpartum Recovery Garment (L2630)	(1)	1 unit / 365 days	99 months – Purchase only	Body After Baby/ANGELICA Natural Postpartum Recovery Garment Body After Baby/SIENNA C-Section Recovery Garment

Start date of the order: ____/____/____

Garment serial number: _____

What will my garment size be? For your convenience, use your hip measurement after 36 weeks or your pre-pregnancy pant size prior to delivery. If you have gained more than 35lbs during pregnancy, please add 1 size for proper fit.

Dx:		Size:	Pre-Pregnancy Pant Size
<input type="checkbox"/> Pelvic Girdle Pain (O99.89)	<input type="checkbox"/> Rectus Diastasis (M62.08)	<input type="checkbox"/> X-Small (35" - 36")	0
<input type="checkbox"/> Swelling/Edema (O90.89)	<input type="checkbox"/> C-Section Wound (O90.00)	<input type="checkbox"/> Small (37" - 39")	2-4
<input type="checkbox"/> Vulvar Varicosity (O22.10)		<input type="checkbox"/> Medium (40" - 42")	6-8
<input type="checkbox"/> Perineum Pain (R10.20)		<input type="checkbox"/> Large (43" - 45")	10-12
<input type="checkbox"/> Round Ligament Pain (O26.899)		<input type="checkbox"/> X-Large (46" - 49")	14-16
<input type="checkbox"/> Other _____		<input type="checkbox"/> 2X-Large (50" - 53")	16-18

Brief narrative of medical necessity / directions for use: Wear within the first week following delivery for 8-12 weeks

Provider signature: _____ stamped signatures not acceptable

Provider credentials: _____

Signature date: _____