Fax to: (888) 286-7412

or email info@calmedhawaii.com

CALMED HAWAII

Your Choice For Better Patient Care

Date: _____ Expected Delivery Date : _____

Patient Name: _____ DOB: _____

Patient Address: _____

City: _____ State: _____ Zip: _____

Patient Cell: _____ Patient Email: _____

Sponsor's Social Security Number: _____

E0603 Personal Breast Pump

Dispense Once Electric Breast Pump & Supplies

☐ Medela Pump-In-Style Carry All Tote ☐ Medela Pump-In-Style Backpack ☐ Ameda Mya ☐ Spectra S1 ☐ Spectra S2

DX Code ☐ Z33.1 - Pregnant state, incidental ☐ Z39.1 Lactating mother

☐ L0621 Maternity Belt

CHECK ONE Basic Belly Boostier

SIZE	BAND MEASUREMENT
☐ Petite	24" - 30"
☐ Small	30" - 36"
☐ Medium	36" - 42"
☐ Large	42" - 50"

☐ L0622 Cradle Brace

CHECK ONE

SIZE	PRE PREGNANCY PANT SIZE	WEIGHT NOW
☐ Small	3 - 10	90 -1 65
☐ Medium	8 - 16	150 - 220
☐ Large	14 - 20	180 - 250

A6530 - A6539 Compression Hose

☐ Knee High ☐ Thigh High ☐ Pantyhose

☐ Small ☐ Medium ☐ Large ☐ X-Large

☐ Black ☐ White ☐ Sheer Open Toe Yes ☐ No ☐

☐ 15-20 ☐ 20-30 ☐ 30-40 ☐ 50+

DX Code: I87.2

Physician Name: _____ Physician Signature: _____

Physician Phone: _____ NPI: _____