



Phone: (866)-255-6779

Fax: (866)-430-7882

Patient Name: _____

RX Created Date: _____

Date of Birth: _____

Due Date: _____

Patient Phone: _____

Insurance: _____

PRODUCTS REQUESTED

LENGTH OF NEED : 99 Months

DX Z39.1

- Pregnancy Support Brace - Niner - DX M54.5 - L0642**
- Postpartum Support Brace (DX R10.2) - L8310**
- Nipple Shields (24 mm unless specified)**
- SNS Feeder**
- 2 Pairs Compression Socks DX EDEMA R60.9 20-30 mmgh - A6530**
- Maternity Support Hose 20-30 mmgh - A6539 (DX R60.9)**
- Maternity Support Band - L0621 (DX M54.5)**
- Vsling – L8310 (DX R10.2)**

Letter of Medical Necessity - Please answer accordingly

- To reduce pain by restricting mobility of the trunk**
- To support weak spinal muscles and related soft tissue**
- To reduce pelvic and or perianal pain induced by pregnancy**
- Additional Reasons for medical necessity:**

of Refills _____

Physician Name: _____

Phone Number: _____

Physician Signature: _____

NPI Number: _____

Date: _____

Additional Comments: