Integrated HomeCare Services

Fax or Call for Orders:

5027 Harrison Ave.
Rockford, IL 61108
PHONE: 815.227.0202

2020 Sutler Ave.
Beloit, WI 53511
PHONE: 608.313.0800

FAX: 866.511.5752
www.integratedhc.com

Physician's Prescription

Patient Name: _____ **Date:** _____

Patient Address: _____ **Patient Phone Number:** _____

_____ **DOB:** _____

BREAST PUMPS	
DOUBLE ELECTRIC BREAST PUMP & REPLACEMENT PARTS	☐
MANUAL BREAST PUMP	☐

Diagnosis: ☐ **O92.79 - Postpartum breast engorgement or milk retention** ☐ **Z39.1 - Care of lactating mother**

SUPPORTS	
MATERNITY SUPPORT BELT	☐

Diagnosis: ☐ **M54.5 - Low back pain**

PHYSICIAN SIGNATURE: _____ **DATE:** _____

Physician Name: _____

Address: _____

_____

Office Phone: _____ **NPI#** _____

IHS0035