INTERNAL
Breast Pump Request Form

Contact STL Medical Supply

Phone: 855 855 8484 – **Fax:** 877-219 6077 – **Email:** BreastPump@stlmedical.com

Hours of operation: M-F 8:30am-5:30pm CST

NOTE: Referrals placed outside normal business hours will be processed the next business day.

Member Information (please enter the address where the breast pump will be delivered)**:**

*Delivering to: ☐ Home *or* ☐ Facility (Member must be less than 30 days from expected due date or have delivered within the last 6 months to receive a breast pump.)

*Mother's Name: _____ *Baby Date of Birth: _____

*Medicaid #: _____ *Mother Date of Birth: _____

*Shipping Address: _____

Unit/Dept.: _____

*City: _____ *State: _____ *Zip: _____

Main Contact Phone #: _____ *Alt. Contact Name:* _____

Alt. Contact Phone #: _____ *Alt. Contact Relation:* _____

Physician Information:

Referring Physician: _____ NPI (optional): _____

Physician Office Phone #: _____ Physician Fax #: _____

Hygeia Q™ Breast Pump w/ Tote Bag & Personal Accessory Set

FEATURES	INCLUDES
• Hospital-Grade Performance • Independently adjustable speed & suction controls to mimic baby's unique suckling patterns • Allows for double or single pumping • All pump parts that come into contact with breast milk are BPA/DEHP free	• Electric Hygeia Q™ breast pump • AC Adapter Power Supply • Basic Personal Accessory Set (PAS) • Basic Tote: Insulated tote holds the pump and all personal accessory components • 1-Year Limited Warranty

Pump Delivery Method (Please select the option based on the criteria listed below)**:**

☐ **Standard Delivery**
- No significant mother/baby separation
- No feeding difficulties
- Infant without complications

☐ **Next Day Delivery**
- Mother/baby separation
- Significant feeding difficulties
- NICU baby

Referral Submitted By:

*Referring Name: _____ *Referring Contact Phone #: _____