Bolton's Pharmacy Inc.
128 W. Main Street
Watertown NY 13601
(P) 315-782-5961
(F) 315-782-4496
www.boltonspharmacy.com

Prescription & Certificate of Medical Necessity

Patient's Name: _____ *Patient's DOB:*_____

*Patient's Address*_____

Diagnoses Codes ICD-10 Primary*:* _____ Secondary*:*_____

Breast Pump (Choose One)

- ☐ Double Electric Breast Pump
- ☐ Single Electric Breast Pump
- ☐ Manual

Due Date: _____

Physician Information

I certify that the equipment and supplies I prescribed are Medically Necessary for this patient's wellbeing. In my professional opinion, the equipment is both reasonable and necessary in reference to the accepted standards of medical practice and treatment for this patient's condition. It is NOT prescribed as convenience equipment.

Physician's Signature:_____ Date:_____
(Stamped Signatures are not acceptable)

Printed Physicians Name:_____ NPI:_____

Physician's Address_____

Give script to patient and have them call us, or fax script with demographics, & insurance to (315) 782-4496