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Be sure to
visit our
website!

Tricare Breast Pump Order Form Contract

Patient Information: All Fields Required (you can use the full Benefits Number instead of SSN if desired)

Name (Mother): _____ Mothers Date of Birth: _____
 Street: _____ City/State/Zip: _____
 Phone: _____ Baby Date of Birth or Due Date: _____
 Sponsors Name: _____ Sponsors **FULL** SSN: _____
 Relationship to Sponsor: _____ Email Address: _____

Checking this box confirms that I (the patient) DO NOT have Other Health Insurance

I understand that by submitting this form and my prescription, that I am authorizing Tidewater Lactation Group to submit a claim to Tricare on my behalf and that my prescription should be filed for records only and not used again. The information collected in this contract is nonpublic personal information and will only be used in accordance with this contract.

Sign Here _____ Date: _____

Check Your Pump:



The Ardo Calypso is the quietest pump on the market with multiple size flanges, hand pump, battery option & 400-hour warranty



The Unimom Minuet features 7 levels of massage modes and 9 expressing modes Rechargeable battery & 2-year warranty



The Spectra S2 has nightlight, timer, multiple size flanges and a 2-year warranty



The Spectra S9 breast pump has a massage mode and an auto timer with display. Rechargeable battery & 2-year warranty



The Medela Pump-In-Style offers 2-phase expression technology, multiple size flanges, power adaptor, battery pack & 1-year warranty



The Zomee breast pump features multiple massage and expression levels Rechargeable battery & 1-year warranty

Date Claim Filed: _____ Date Claim Paid: _____
 Claim Number: _____
 Signature for pickup: _____ Date pump picked up/shipped: _____