



Tidewater Lactation Group, Inc
207 Business Park Drive, Ste 101
Virginia Beach, VA 23462
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Tricare Breast Pump Order Form Contract

Patient Information: All Fields required

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: _____

Select Your Pump:



Limerick PJ's Bliss

Includes: 1.5 lb Pump, Power Supply, 2 Bottle Holder, PJ's Soft Touch Kit, Instructional Booklet, Cooler and 1 Year Warranty



Spectra S2 Double Electric Pump

Includes: Pump with Nightlight and Timer, Power Supply, Standard Kit and 2 Year Warranty



Calypso Double Plus by Ardo

Includes: Pump Unit, Kit with Multiple Size Flanges, Cleaning Brush, Bottle Holder, Power Adapter and Instruction manual and a 400 hour/2 Year warranty



Ameda Purely Yours, Boxed Pump

Includes: Pump, Power Supply, HygieniKit, and 1 Year Warranty



Medela Pump In Style Backpack

Includes: Pump, Power Supply, Cooler Bag, 4 Containers with Lids, Standard Kit and a 1 Year Warranty

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: _____

Please send this completed form and your prescription to Tidewater Lactation Group.
Fax (757-455-8055) or Email us at: twlg@verizon.net or mail to above address