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Fax # 401-884-5541

Mama Strut Prescription

Member Name: _____

Member Date of Birth: ____/____/____

Member's Shipping Address: _____

Member's Phone Number: (____) _____ - _____ Consent to Text? Yes No

Member's Email: _____

Member's ID Number: _____

Projected Length of Need: _____

Diagnosis Code:

- R10.2 Pelvic and perineal pain.
- 071.89 Diastasis Recti
- K42 Umbilical hernia
- O70.0 Perineal laceration during delivery - First degree
- O70.1 Perineal laceration during delivery - Second degree
- O70.2 Perineal laceration during delivery - Third degree
- O70.3 Perineal laceration during delivery - Fourth degree
- O70.4 Anal sphincter tear complicating delivery, not associated with third degree laceration
- M54.5 Acute or chronic pain in the lumbar or sacral regions
- M25.551/M25.552 Hip pain R/L
- S30.23 Contusion of vagina and vulva
- R10.30 Lower Abdominal, inguinal, groin pain
- N81.2 Incomplete uterovaginal prolapse
- N81.3 Complete uterovaginal prolapse
- N81.4 Uterovaginal prolapse, unspecified
- N81.83 Incompetence or weakening of rectovaginal tissue
- Other: _____

- Order for: Mama Strut Maternity Support Brace
 Mama Strut Postpartum Support Brace

REMINDER: Please advise patients that in addition to this prescription, they need to fill out an order form at <https://www.healthybabieshappymoms.com/insurance-mama-strut-maternity-postpartum-pelvic-support-braces>

Printed Name of Authorized Provider: _____

Signature of Authorized Provider: _____

Order Date: ____/____/____. NPI #: _____