



Prescription and Sizing Kit Request

**Patient:**

Michelle Riddelle  
mike+mama@bmbstd.com

**Doctor:**

Dr. Magnus Hanssen  
3087 Wood Holly Blvd  
Los Angeles, CA 90028  
800-555-1212

Doctor/Office Email: Doctor@bmbstd.com

Due Date: 12/31/2017

Yes, send me the numberless tape measure for my Mama Strut Postpartum Care System

Insurance Company Name: Swedish National Insurance

Insurance ID# : 5550550550  
Insurance Group #: n/a  
Provider Services Phone Number: 121-888-5555  
SS#: 123-13-1234  
DOB: 12/01/1978

**Mailing Address:**

Michelle Riddelle  
7083 Hollywood Blvd  
Los Angeles, CA 90001

**Insurance card:**

**i** [www.insurancecompany.com](http://www.insurancecompany.com)

**i** Customer Service:

1-800-XXX-XXXX

Pharmacy: 1-800-XXX-XXXX

For Providers: 1-800-XXX-XXXX

**i** Send all claims to:

Insurance Company Claims Department

P.O. Box XXXXX

Anytown, USA XXXXX-XXXX

You may be asked to present this card when you receive care. The card does not guarantee coverage. You must comply with all terms and conditions of your plan.



**Signature:**