



Aevitae  
P.O. Box 2705  
6401 DE Heerlen

## Application Form for Hire of Electric Breast Pump

Hire of an electric breast pump during and after the hospital admission of a sick infant lasting eight days or longer, during which the mother remains at home. You need this form if you wish to declare the costs of the hire of an electric breast pump.

Please complete this form and send it together with the bill for the entire hire period to:

Aevitae  
P.O. Box 2705  
6401 DE Heerlen

### Mother's details

Name: \_\_\_\_\_ Initial(s): \_\_\_\_\_ Infixes: \_\_\_\_\_  
Street: \_\_\_\_\_ House number: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Postal code: \_\_\_\_\_ Town/city: \_\_\_\_\_  
Policy number: \_\_\_\_\_

### Baby's details

Name: \_\_\_\_\_ Initial(s): \_\_\_\_\_ Infixes: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Baby's admission date: from \_\_\_\_ - \_\_\_\_ - \_\_\_\_ to \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### Medical specialist's details

Name: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
Specialisation: \_\_\_\_\_

### Baby's medical indication

#### Congenital abnormalities

- Central nervous system
- Cardiovascular system
- Down syndrome
- Digestive system
- Urogenital system
- Respiratory tract

#### Perinatal conditions

- Prematurity
- Birth weight too low
- Oxygen deficiency
- Infections specific to the perinatal period

Other, i.e.: \_\_\_\_\_  
\_\_\_\_\_

### Signature

Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Signature of the insured person \_\_\_\_\_  
Town/city: \_\_\_\_\_