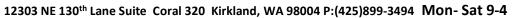
# **OUTPATIENT REQUEST FOR PASTEURIZED DONOR HUMAN MILK**

Distribution Site: Evergreen Health Post-Partum Outpatient Clinic





oday's Date Infant Name		Infant DOB
arent Name(s)	Primary Phone _	
treet Address		Apt. or Unit
ity		
	RESCRIPTION	
Please provide the following information: (require	ed) (See back for ICD-10 o	code reference)
Diagnosis (see ICD 10 codes on page 2):		
Maternal Diagnosis, if applicable:		
Additional notes:  The original prescription for donor milk is good for The milk can be dispensed in the following amount	r the receipt of up to a maxints over a period of 2 weeks	mum 18 bottles of milk or 1800mls. or until the entire 18 bottles are
The original prescription for donor milk is good for The milk can be dispensed in the following amoun filled, whichever comes first. (Please Note: Once it Cost per 100 mL bottle is \$15.22 Please Dispense 6 bottles each containing 100 mls	r the receipt of up to a maxing ts over a period of 2 weeks of t is picked up, unused donor nse: (20 oz total)	mum 18 bottles of milk or 1800mls. or until the entire 18 bottles are
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The original prescription for donor milk is good for The milk can be dispensed in the following amoun filled, whichever comes first. (Please Note: Once it Cost per 100 mL bottle is \$15.22 Please Dispensed in the following amount filled, whichever comes first. (Please Note: Once it Cost per 100 mL bottle is \$15.22 Please Dispensed in the following the first per cost per 100 mL bottles each containing 100 mL on 12 bottles each containing 100 mL on 18 bo	r the receipt of up to a maxinats over a period of 2 weeks of is picked up, unused donor nese:  (20 oz total)  s (40 oz total)  s (60 oz total)  r parent request  the milk is safe. Please contact Nilk need. Human milk is a limit	mum 18 bottles of milk or 1800mls. or until the entire 18 bottles are milk cannot be returned)  NW Mothers Milk Bank directly: 800- ed resource and is distributed based
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### **OFFICE USE ONLY**

ORDER 1 Date	ORDER 2 Date	ORDER 3 Date
<u>Bottles</u>	<u>Bottles</u>	<u>Bottles</u>
Scanner ID	Scanner ID	Scanner ID

# **OUTPATIENT REQUEST FOR PASTEURIZED DONOR HUMAN MILK**

# **ICD 10 CODES**

The following ICD 10 codes are generally used and accepted, but others may also qualify:

### **Infant Codes**

P92.5	Neonatal difficulty in feeding at breast
P92.9	Feeding problem of newborn
P59.0	Neonatal jaundice associated with preterm delivery
P59.9	Neonatal jaundice, unspecified
P74.2	Dehydration of newborn
R63.4	Abnormal weight loss
R63.6	Underweight
P92.6	Failure to thrive in newborn
Q38.1	Ankyloglossia
Q38.5	Congenital malformations of palate (high arched palate)
P92.1	Bilious vomiting of newborn
P92.09	Other vomiting of newborn
P92.2	Slow feeding of newborn

### **Maternal Codes**

092.5	Suppressed lactation
O92.3	Agalactia
092.4	Hypogalactia
O92.70	Impaired milk production
Z 21	HIV (in mother)