

OUTPATIENT PRESCRIPTION FOR PASTEURIZED DONOR HUMAN MILK

15875 SW 74th Ave, Tigard, OR 97224 • Phone: 503-469-0955 • Fax: 503-469-0962
Hours: Mon-Thu 8:30 am - 4:30 pm, Fri 9 am - 3 pm



INSTRUCTIONS

1. Ask your physician to fill out this prescription, then fax to 503-469-0962.
2. Call ahead to order and receive a pickup time. *No walk-ins available.*
3. Pick up your order at the time and location given by NWMMB staff.

PLEASE NOTE

- The processing fee is \$5.00 per ounce.
- For locations beyond the Portland metro area, the shipping deadline is 12:00 noon, M-Th.
- Additional medical documentation required after 6-month age limit.

*** HUMAN MILK IS A LIMITED RESOURCE AND WILL BE DISTRIBUTED BASED ON AVAILABILITY. ***

CONTACT INFORMATION

Infant Name(s) _____ Infant DOB _____

Parent/Guardian Name(s) _____

Phone Number(s) _____ Email _____

Street Address _____ Apt. or Unit _____

City _____ State _____ Zip _____

Tricare or OHP insurance plan? Yes No (Check your Tricare or OHP policy's requirements for outpatient coverage.)

PRESCRIPTION AND DIAGNOSIS

Today's Date _____ EXPIRES IN 4 WEEKS unless age limit reached or shorter duration specified.

Infant Diagnosis: _____

Preterm — weeks gestation: _____ **Infants with serious medical conditions are prioritized.**

Maternal Diagnosis, if applicable: _____

Additional notes: _____

Please select the amount of milk to prescribe:

As needed for 4 weeks Specific amount less than 4 weeks, less than 100oz: _____
Appropriate for most families. Larger amounts will not be considered.

Physician Signature _____ Physician Print _____

Clinic or Hospital _____

Phone _____ Fax _____

COMMON ICD 10 CODES FOR REFERENCE

Infant Codes

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

O92.5	Suppressed lactation
O92.3	Agalactia
O92.4	Hypogalactia
O92.70	Impaired milk production
Z21	HIV (in mother)