northwest
MOTHERS MILK BANK

# HOSPITAL REQUEST FOR DONOR MILK

**All orders must be received by 10 am (PST) on Mondays – Thursdays for next day receipt.**
**Please place orders two days in advance when possible. SEND ALL ORDERS to: Orders@nwmmb.org**
**Local deliveries unavailable on Friday**

**Name of Hospital:**_____

**Date:**_____ **Phone:**_____

**Contact Person:**_____ **Dept/Unit**_____

**Address:**_____ **City:**_____

**Email:**_____ **State:**_____ **Zip:**_____

**Purchase Order Number:**_____ **Confirmation FAX #**_____

Orders for higher calorie milk (22-24 cal/oz) will be filled based on availability. Requests for specific bottle sizes will be filled based on availability. **Confirmation of orders will be made within 24 hours of receipt of order.**

**Please indicate # of bottles requested:**

◯ **45 mL (1.5 oz) Plastic Bottle** **$7.50 each**

**19-20 cal (#4520)** _____ **22 cal (#4522)**_____ **24 cal (#4524)** _____

◯ **60 mL (2oz) Glass Bottle** **$10.00 each**

**19-20 cal (#6020)** _____ **22 cal (#6022)**_____ **24 cal (#6024)** _____

◯ **100 mL (3.4 oz) Plastic Bottle** **$17.00 each**

**19-20 cal (#10020)**_____ **22 cal (#10022)** _____

◯ **120 mL (4 oz) Glass Bottle** **$20.00 each**

**19-20 cal (#12020)**_____

◯ **Colostrum 45 ml (1.5 oz) Bottle $7.50 each** (no nutritional data) **(#45C)** _____

***Shipping/Handling/Delivery Fees will be assessed separately.***

◯ **Hospital Fed Ex Account Number (if applicable)**_____

| Ship/Deliver to: | Bill to: |
|---|---|
| | |

**For order or billing questions, please contact Geoff Johnston • PH: (503)-469-0955 FAX: (503) 469-0962**
**E-Mail: Geoff@nwmmb.org**

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