

# OUTPATIENT REQUEST FOR PASTEURIZED DONOR HUMAN MILK

Distribution Site: Evergreen Health Post-Partum Outpatient Clinic

12303 NE 130<sup>th</sup> Lane Suite Coral 320 Kirkland, WA 98004 P:(425)899-3494 Mon- Sat 9-4



Today's Date \_\_\_\_\_ Infant Name \_\_\_\_\_ Infant DOB \_\_\_\_\_

Parent Name(s) \_\_\_\_\_ Primary Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. or Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## PRESCRIPTION

Please provide the following information: (required) (See back for ICD-10 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 receipt of up to a maximum 18 bottles of milk or 1800mls. The milk can be dispensed in the following amounts over a period of 2 weeks or until the entire 18 bottles are filled, whichever comes first. (Please Note: Once it is picked up, unused donor milk cannot be returned)  
 Cost per 100 mL bottle is \$15.22 Please Dispense:

- 6 bottles each containing 100 mls (20 oz total)
- 12 bottles each containing 100 mls (40 oz total)
- 18 bottles each containing 100 mls (60 oz total)
- Custom Volume \_\_\_\_\_ per parent request

The processing fee for donor milk allows us to assure the milk is safe. Please contact NW Mothers Milk Bank directly: 800-204-4444; [www.donatemilk.org](http://www.donatemilk.org) for on-going donor milk need. Human milk is a limited resource and is distributed based on availability.

Physician Signature: \_\_\_\_\_

Prescribing Physician (print): \_\_\_\_\_

Clinic or Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## OFFICE USE ONLY

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

**ICD 10 CODES**

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

**Infant Codes**

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

**Maternal Codes**

<b>O92.5</b>	Suppressed lactation
<b>O92.3</b>	Agalactia
<b>O92.4</b>	Hypogalactia
<b>O92.70</b>	Impaired milk production
<b>Z 21</b>	HIV (in mother)