



## 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@nwmb.org](mailto:Orders@nwmb.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) \_\_\_\_\_

90 mL (3 oz) Plastic Bottle \$15.00 each  
19-20 cal (#9020) \_\_\_\_\_ 22 cal (#9022) \_\_\_\_\_

120 mL (4 oz) Plastic Bottle \$20.00 each  
19-20 cal (#12020) \_\_\_\_\_

Colostrum 45 ml (1.5 oz) Bottle \$7.50 each (no nutritional data) (#45C) \_\_\_\_\_

Defatted 60 ml (2 oz) Bottle \$10.50 each (#60D) \_\_\_\_\_

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

Hospital Fed Ex Account Number (if applicable) \_\_\_\_\_

Ship/Deliver to:	Bill to:
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For order or billing questions, please contact Geoff Johnston • PH: (503)-469-0955 FAX: (503) 469-0962  
E-Mail: [Geoff@nwmb.org](mailto:Geoff@nwmb.org)